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DEPARTMENTS:

EDITOR
Edward J. Ryan
B.S., D.D.S.

ASSISTANT EDITOR
Marcella Hurley
B.A.

EDITOR EMERITUS
Rea Proctor McGee
D.D.S., M.D.

EDITORIAL OFFICE: 708 Church Street, Evanston, Ill.; PUBLICATION OFFICE: 1005 Liberty Avenue, Pittsburgh 22, Pa.; Merwin B. Massol, Publisher; W. Earle Craig, D.D.S., Associate; Robert C. Ketterer, Publication Manager; Dorothy S. Sterling, Promotion Manager; Homer E. Sterling, Art. NEW YORK: 7 East 42d Street; S. M. Stanley, Vice Pres.-Eastern Manager. CHICAGO: 870 Peoples Gas Building; John J. Downes, Western Manager. ST. LOUIS: Syndicate Trust Bldg.; LOS ANGELES: 816 West 5th Street; SAN FRANCISCO: 68 Post Street; Don Harway, Pacific Coast Manager.
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The Saga of Chrome-Cobalt Alloy Partials

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It can now be said that the chromium cobalt alloy has taken its place as the outstanding partial denture material in the world of prosthetic dentistry.

Its success has not come easily; from the day of its inception we have seen it pass thru a long and trying period of transition, out of which has emerged the ultimate in alloy perfection.

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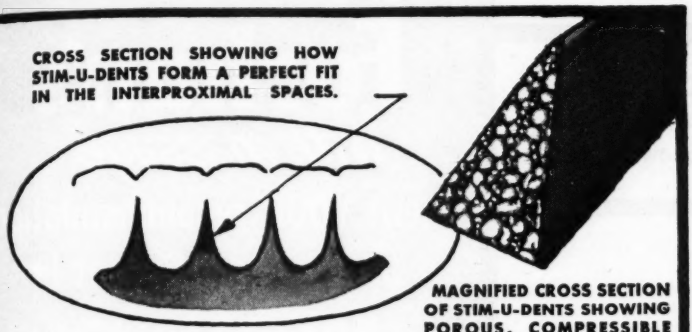

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Clinical Investigation Shows Why ....

Forhan's *with massage*

merit YOUR recommendation as a home adjuvant in GINGIVITIS

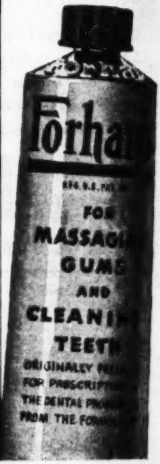
Here's what a clinical investigation conducted by practicing Dentists showed. Out of hundreds of dental patients individually examined—795 were found to have Gingivitis.

Approximately half of these Gingivitis cases were given prophylaxis. *All* were instructed to massage their gums with Forhan's Toothpaste for 30 days.

95% Gingivitis cases improved at end of 30-day test period!

95% of all Gingivitis cases showed marked improvement. 100% of those with normal gums had maintained their gums in healthy condition.

For these reasons, Forhan's with massage confidently invites your continued acceptance and recommendation—as a home adjunct to professional care in treating Gingivitis.



THERE ARE NO HARSH ABRASIVES IN

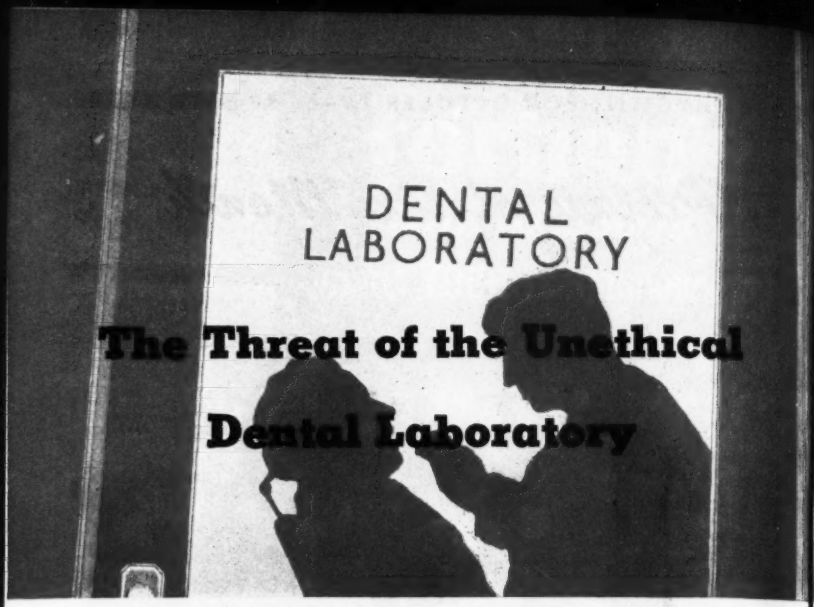
Forhan's *with massage*

For Firmer Gums—Naturally Sparkling Teeth

Picture of the Month

DOCTOR TAYLOR BELL, Blue Island, Illinois, dentist, shakes hands with Fred Lang, construction employee who breaks the ground for Doctor Bell's new home which is being built from a prize-winning design in the Chicagoland Prize Homes competition. In the foreground are the Bell children, Taylor and Barry. Behind Doctor Bell are (left to right) Frank Wippel, builder; Boyd Hill, architectural adviser for the competition; Mrs. Bell; Don Polhemus, architectural draftsman; and Eric Wenstrand, designer of the home.—*Chicago Tribune Photograph.*

Ten dollars will be paid for the picture used in this department each month. Send gloss prints with return postage to Oral Hygiene, 708 *Church Street, Evanston, Illinois.*



The Threat of the Unethical Dental Laboratory

Are you doing your part to stop the illegal practice of dentistry by unethical laboratories?

By J. S. EFREMOFF, D.D.S.

IN DISCUSSING prevalent evils in our profession, we must have in mind the good and the bad. Our ethical laboratories as well as our ethical dentists cannot be excused from responsibility if we are to do away with the evil of the illegal practice of dentistry by our quack dental laboratories.

Today the game of illegality is played at a high level; the surroundings are well appointed, and the people within are well groomed and well spoken. The danger now is far greater than in the past, for the racketeer has become so polished and experienced that any hold on him does not mean his extinction. To begin with, the hands that help these illegal dental practitioners are far from being clean, and we must admit this break in ethics. The dental schools of old, the various dental specialists, the dental supply houses, the dental profession, the ethical laboratories —all of these and other agencies are responsible for the present unlicensed dental practitioners.

It is not hard for an "old-timer" in our dental ranks to remember how many students worked at home on patients before graduating as licensed dentists; how many worked with dentists to acquire the skill outside of college; how many

had their bridges and setups done by mechanics outside of college and by student mechanics within the college. Illegality permeated the halls of our dental schools. Dental instructors graduated students with the fullest respect for the illegalities committed and sanctioned them for their dexterity and practical dental applications. Those years paved the way for illegal dental service by our laboratory men. Thus, the colleges lent a hand to our past and present-day illegal traffic.

Specialists

Next in turn come the dental specialists. Our dental and oral surgeons know the names and addresses of many illegal practitioners. How do they come to know about them? They deal with them. You will find on the books of many of our oral surgeons names of persons who are not registered as dentists. The stray patient is invariably sent in by the illegal man or by a "stooge" of his. The surgeon does not care who sent the patient into his office nor who pays for the services rendered. What he is interested in is the fee. Any surgeon who helps these illegal practitioners and any dentist who knows the surgeon and the laboratory man catered to by him are both criminal offenders. Why are these practitioners silent? The surgeon's silence is caused by the flow of fees from that source and the cocksureness that the law will not punish him for his kind of practice. The dentist knowing and standing by in silence close to the surgeon is either himself a former illegal practitioner or he is under the illusion of a false ethics—the fear of becoming a "squealer." Laws must be enacted for all three of them: the illegal laboratory man, the oral surgeon, and the dentist who knows about it.

Dental Supply Houses

The third hand that helps the illegal practitioner is the dental supply house. If you open up the books of those establishments, selling teeth and other sundries to the laboratories, you will find an array of information that will be shocking. Many who are billed for teeth and other dental items have no laboratories, are not registered in the classified directory under the captions "Dentists" or "Dental Laboratories." They are known to the clerks behind the counter, but the policy and password are "hush-hush." A law should be passed that no one may purchase teeth or other supplies unless he is a licensed ethical laboratory man.

Laboratory's Patients

Anyone connected with or working in a dental laboratory, and who knows that patients are accepted, should be punished by law for acting as a "stooge." Any dentist who knows about such illegal traffic and can point a finger at the culprit and does not do it should pay a penalty. Signs should be nailed on the doors of all dental laborato-

ries: "No laymen can enter here to have teeth repaired or any dental service done—under punishment." No dentist should have the right to send a patient to match teeth, take bites, have repairs done—a heavy fine should follow such unethical conduct. Any patient becoming acquainted with a laboratory man through such an introduction is a potential patient for him.

So long as the profession will not command the full knowledge of dentistry and its application, loopholes will be created to serve our illegal practitioners. Any dentist, no matter how ethical he may be, is helpless when he helps himself with the skills of others. It is true that one may not become a "jack-of-all-trades." It is excusable for one not to master the higher skills such as oral surgery and orthodontics. The patients requiring such treatment are not too many and not the mainstay of a practice. On the other hand, prosthetic procedures and dental restorations which constitute the bulk of our practice and income should be mastered and practiced by all dentists.

We, as a dental group, must free ourselves from both the stigma and the dependence on our dental laboratories. Dental laboratories should be licensed, their help registered, and a watchful eye kept on them by all of us. There is too much money in the open market luring the unethical laboratory men to reap a harvest. Any amount the purchaser of dental restorations pays the laboratory man is much more than the sum the laboratory man gets from the dentist.

How many of you practitioners have heard from the lips of prospective patients how little someone wanted for "fixing them up"? Yes, you smiled at such an utterance, but that smile cost you money and more; the same patient may send others, not to you, but to the illegal practitioner not known to you.

Let us congregate even in thought to help eradicate this illegal practice of dentistry. First, demand of your college a strict supervision of such traffic among the students. Impress upon it the necessity of graduating dentists who will practice restorations at their own bench as well as in the mouth. They must stand on their own feet and not leave to the laboratory men the selection of teeth, the regulation of bites outside the mouth, the blind construction of setups, and the castings and vulcanizations.

Our surgeons must be forewarned not to stoop to trade methods, but to practice a profession. A break in that code should be paid for with suspension, and, in a case of a second or third offense, paid for with a license.

Our dental supply houses should be stopped from selling their wares over the open counter to anybody but to the licensed dentist and to the ethical laboratory.

If you, the ethical laboratory and ethical dentist, know about the illegal traffic, do not continue

to ignore it. Join in the common fight for your own existence.

If all of us will live up to the letter and spirit of newly enacted laws and high conduct, the threat from illegal practice will disappear. Abolish the causes, and the effects will perish with them.

147 *Fourth Avenue*
New York City

AUXILIARY DENTAL PERSONNEL

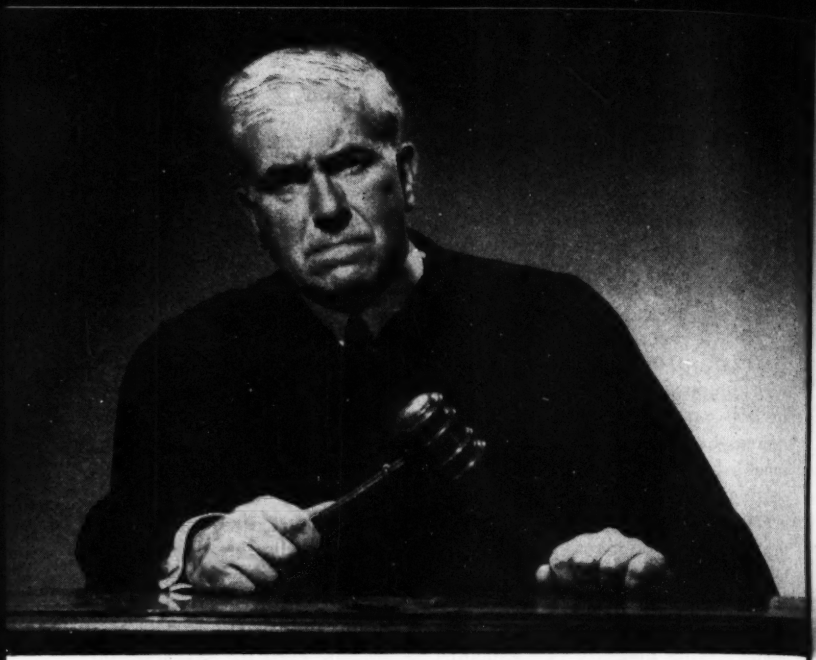
GENERAL MEDICAL practitioners and physicians concern themselves with diagnosis, advice, and the prescribing of treatment; the treatment itself is carried out primarily by trained subordinates, nurses, physiotherapists, roentgenographers, and others. Only the surgeon devotes much of his time to personal treatment of the patient.

Different is the lot of the dental practitioner whose few subordinates are forbidden by law to touch the patient; he must, therefore, unlike the physician, be a reasonably expert operator by the time he qualifies to practice and this contrast is the cause of the prolonged training in technique he must receive; a training in which American methods appear to produce better average results than those traditional in this country. This inability of the dentist to delegate even the simplest and most tedious procedures is a self-imposed handicap and perhaps contributes to the lower status which is a possible reason for the inadequate number of persons entering the profession. The physician is a professional man and has a professional man's status with skilled auxiliaries to do his bidding, while the dentist is a manual worker.

We here meet that particularly controversial problem, the employment of ancillary dental workers. Repugnance to their employment is rooted in our memories of the unqualified practitioners who operated between 1878 and 1921 and our contemporary experience with denture repair shops; both of them a menace to the public health no less than to the dental profession. Perhaps the unpopular opinion may be hazarded that ancillary workers will come, and in coming help to solve the problem of a national dental service. The danger of their abuse can be met by confining them to publicly controlled health centers and clinics and it may be through the provision of dental treatment in health centers that a national dental service is likely to come into being.—Excerpt from *The British Dental Journal.*

ORAL HYGIENE AWARD

THIS MONTH'S $100 ORAL HYGIENE award has been won by R. C. Dalgleish, D.D.S., M.P.H., for his article DENTISTRY FOR ALL THE PEOPLE.



Legal Risks in Everyday Practice

By RENZO DEE BOWERS, LL.B.

MINNIE DYER had a tooth that was giving her trouble. "I'm going to see about getting this pain stopped," she said to her sister Emma. "And you're going with me."

An hour later, her dentist straightened up from examining the accused molar, and assumed a professional stance. "You'd just as well have it out now," he told her. "It'll give you trouble later on if you don't."

"You've got to promise not to hurt," she said fretfully.

The dentist was not feeling any too well himself that morning. He merely curled a lip at her squeamishness, and began the humdrum preparations for an extraction.

He undertook a local anesthetic. But fate was on the quirk that day, and the needle broke. He rummaged in a drawer for a probing instrument, and with it dug until he removed the broken needle point. Then, with another needle,

The first of two articles explaining the legal principles by which you are judged if sued for malpractice.

he made the injection. And, after a tussle with the solid molar, he yanked it out.

But that was not the end of the matter. Osteomyelitis developed, and Minnie went to a hospital. There was treatment by a physician and by a surgeon. Minnie suffered agony for weeks, and spent a lot of money. And when she emerged, she was not the robust person she once was.

Shuffling the bills that had accrued, and deploring her emaciated form, she began to cast about for means of replenishing the domestic "kitty." "I wonder if I couldn't sue that dentist," she said to herself. She found that she could. And she did.

Here's what happened. At the trial, Minnie and her sister testified, with amazing accord, that in removing the tooth the dentist wore no gloves; that he sterilized the hypodermic needle only by passing it through a flame; that he did not sterilize the gingivae, and gave no mouthwash; and, that upon the first needle's breaking, he did not sterilize the instrument with which he removed the needle point.

The dentist denied their accusations, seriatim, and related a contrary version of his conduct on the dire occasion.

What do you think a jury of average laymen would do in a case like that? Yes, they penalized the dentist with heavy damages. They said by their verdict that he had been negligent in treating his patient, and ought to be made to pay for it.

"Case Dismissed"

Another dentist broke off a hypodermic needle in a patient's jaw in preparing for an extraction. He immediately told the patient what had happened, and at once undertook to remove the embedded point. He tried again and again without success. The position of the needle was such that it was impossible for him to dislodge it. He rushed the patient to another practitioner who took roentgenograms and attempted to get the needle out. But he, too, failed. Then the original dentist hurried his excited patient to two surgical specialists in succession, each of whom displayed every aspect of his skill in efforts to remove the elusive needle. But they could not. And there it remained, a portion of hypodermic needle permanently ensconced in a man's jawbone, with the attendant danger, and suffering, and injury.

The patient sued the dentist for damages. And what happened? The court promptly dismissed his case and sent him away empty-handed. "There's no evidence that the defendant was negligent," said

the judge. "The mere breaking of the needle does not prove negligence on his part. Such needles frequently break, even where the best of care is used. This dentist did everything that could have been done for his patient."

These incidents from court records illustrate one phase of the many legal dilemmas in which you, as practicing dentists, might become involved in serving the portion of the public that comes into your office.

Legal Liability

Negligence in performing dental service is the charge upon which legal liability for damages is most frequently asserted against the profession. However, there are various other derelictions and shortcomings for which you might be mulcted at the suit of an injured or vengeful patient.

Looking back, it is discovered that your precursors in "the good old days" basked in comparative safety from court attack. Only in times fairly recent does it seem to have occurred to patients that dentists should be considered proper game for legal shots. Nowadays, they will sue at any provocation. And heaven help the practitioner beset by the combined onslaught of an avaricious patient and a hungry lawyer.

The legal principles by which one charged by an injured patient with malpractice is to be judged have become stabilized and clearly defined. Bear with the legal verbiage a moment, and they shall be recited briefly. Here's how the courts propound their general rules when a member of your profession is sued by a person claiming to have been injured at his hands.

A dentist is required by the law to possess that reasonable degree of competency and skill which is ordinarily possessed by others of his profession in similar localities; to use reasonable and ordinary care and diligence in the exertion of his skill and the application of his learning; and to exercise an intelligent judgment in treating the cases entrusted to him. The law holds him answerable for an injury to his patient resulting from want of the requisite knowledge and skill, or the omission to use reasonable care and diligence, or the failure to exercise his best judgment.

These legal precepts appear chilling and foreboding. But be reassured. The law is a just arbiter. It has protective features among its rules to shield you from financial liability to a litigious patient, provided you comply with its requirements.

While the law will never forgive you for being negligent in your professional conduct, it will not hold you responsible for a mere error of judgment if you have done your best in the exercise of reasonable diligence. It will not penalize you merely because things did not turn out well, for it never considers you an insurer of results,

unless you have so agreed with your patient.

It is considerate of you in another respect. Ordinarily, and except in the most flagrant instances of carelessness or ignorance, it will not permit you to be amerced upon the complaint of a dissatisfied patient unless the patient can persuade one or more of your colleagues to testify that the things you did, or failed to do, in the particular case violated the requirements of good practice in the profession.

Moreover, it recognizes and enforces whatever contracts of liability insurance you may purchase, by which an insurer guarantees to pay any judgment a patient may obtain against you because of your alleged malpractice.

The law does require you, however, to keep abreast of current developments. If you fail to adopt approved and modern methods in general use, and in consequence injure a patient, you may have to pay damages however good your intentions may have been.

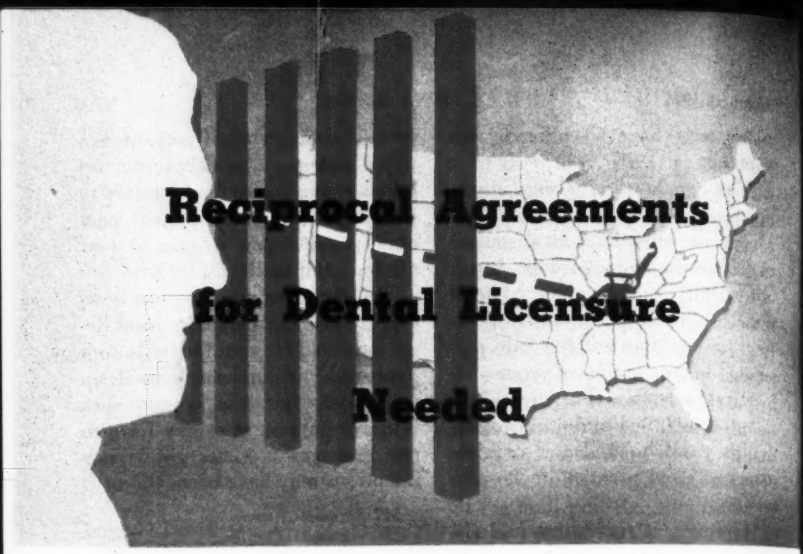
527 *Summit Avenue*
Hagerstown, Maryland

UPPER DENTURE LEADS TO ARREST OF BOOTLEGGER

When Harry Pimental called at the East Chester, New York, police station for his upper denture, he was charged by the federal government with operating an illegal still; and by the state with malicious mischief, a complaint filed by his landlord who resented having his house used for bootlegging. And he left the station without his teeth after all, for as the police started to return them to him the U. S. District Attorney stepped in and demanded them as "Exhibit A."

Police found Pimental's denture when a utility company meter reader complained to them that the meter in a neat white frame house in East Chester had been wired so it would not register all the gas used. They found a 250-gallon moonshine still carefully hidden in the house and operated with the stolen fuel. They also found the denture in a bowl in the kitchen.

A mark on the denture identified the dentist who had made it, and the dentist in turn identified the denture as one he had made for Pimental. The police then telephoned the bootlegger's nearby home and left word that he could have his denture by calling at the police station. Pimental, who is now free on $3,000 bail, complained that the law put the bite on him with his own teeth.—*Chicago (Illinois) Sun.*



Reciprocal Agreements for Dental Licensure Needed

Dentistry's licensure regulations lag behind those of the legal and medical professions.

By FLORENCE E. BILLER, B.A.

HAVE YOU, in the course of your professional career, thought about changing locations? If you consider leaving the state in which you originally passed your state board examinations, what must you do to obtain a license in another state? You must, *without exception*, pass a practical examination, and, in most states, a written examination, regardless of your dental training and experience.

At present the distribution of dental care in this country is unbalanced, with the profession putting forth every means of keeping it that way through state licensing regulations. While some sections of the country have more dentists in normal times than can be supported adequately by the population, other sections have too few to provide even the minimum of dental care.

Organized dentistry has spent considerable time, energy, and money over a period of years in an effort to devise plans for providing adequate dental health care for the entire population of this country. It is generally agreed that it will not be to the profession's benefit to have this care provided under a government-controlled program such as the Wagner-Murray-Dingell Bill offers. Nothing effectual has been done, however, toward establishing reciprocal relations among the states, which in itself might be a big step toward

a more adequate distribution of dental care.

When a physician or an attorney wishes to establish a practice in a state other than the one in which he originally passed his examinations for licensure, he may apply to the licensing board of the state in which he is interested, and, with a few exceptions, be granted a license without taking an examination so long as he meets the other requirements established by the board. In the field of dentistry, however, only eight states (Arkansas, Kansas, Minnesota, Missouri, Nebraska, South Dakota. North Dakota, Vermont) and the District of Columbia have independent reciprocal agreements with other states. These agreements apply only to the written examination requirement. All applicants for licensure under reciprocity must still pass a practical examination.

Only four states—Florida, Idaho, Massachusetts, and Rhode Island—have not established reciprocal agreements with regard to medical licensure. Of these four, however, all but Florida will register diplomates of the National Board of Medical Examiners. Only five states will not endorse certificates granted by this Board.

The National Board of Dental Examiners is granted no such recognition by the state dental boards. Only sixteen states (Alabama, Connecticut, Georgia, Illinois, Indiana, Iowa, Kansas, Maine, Massachusetts, Minnesota, Nebraska, North Dakota, Oklahoma, Pennsylvania, South Dakota, and Virginia) accept the certificate of the National Board of Dental Examiners. This certificate covers only the written theoretical examination. All applicants for licensure in these states in which the National Board's certificate is acceptable must pass the state board's practical examination.

In the field of law, forty-one of the forty-eight states have established some reciprocal agreements. Of the eleven states requiring examinations of attorneys already licensed elsewhere, five give such applicants special consideration at the discretion of the examining committees.

The medical profession, in part through the National Board of Medical Examiners, and the legal profession, through the American Bar Association, have standardized to a great extent the requirements for admission to practice these professions. In both professions, the requirements, when a written examination is not necessary under reciprocal agreements, are established to maintain high standards of professional practice. Some states require oral examinations before reciprocity licenses to practice medicine are granted. This requirement exists in Illinois, and in California if the applicant's original medical license is over ten years old.

In some states, before a medical license may be issued on the basis of credentials from another state,

THE SCORE ON RECIPROCITY

	States with Reciprocity Agreements	*States Recognizing National Boards of Examiners*	*States Granting Licenses by Reciprocity or Endorsement Without Examination*
Dentistry	9	16	NONE
Medicine	44	43	41*
Law	41	—	37

*At the discretion of the Examining Boards.

the applicant must have practiced under his original license for a period of one year or longer. This is also true in the legal profession, though the period of time required is, on the whole, longer, extending up to ten years.

In both professions, the granting of a license without examination is usually done at the discretion of the board, and the state in which the applicant was originally examined must have standards equal to those of the state in which he now wishes to be licensed.

Why have the various state dental boards remained jealous of their prerogatives and refused to grant licenses without examinations to dentists already licensed in other states? The usual reason given is that each state board believes its standards to be higher than those of other states. Undoubtedly some divergence of standards does exist. This problem could be solved, however, by establishing uniform standards for dental schools and for state examining boards. The standards of the National Board of Dental Examiners should be such that certificates from that Board could be accepted by state dental boards on the same basis as state medical boards accept certificates granted by the National Board of Medical Examiners.

If the dental profession cannot develop a program for an adequate distribution of dental health care, it is inevitable that governmental steps will be taken to this end. Laws which encourage more dentists to practice in some localities than can earn a comfortable living, and fewer dentists in other localities than can care for the population, are a detriment to the progress of the profession. A more equal distribution of dental service throughout the country would mean not only better dental health for all the people but a more equal distribution of income from dental practice for the members of the profession. The establishment of reciprocal agreements for dental licensure between states would be a practical step toward the solution of this problem by the profession.

So You Know Something About Dentistry!

QUIZ XXV

1. Dental benefits proposed in the Wagner-Murray-Dingell Bill of 1945 provide (a) examination, (b) prophylaxis, (c) orthodontic treatment, (d) extraction, (e) denture service, (f) treatment of acute diseases. .....

2. Does the labial portion of the orbicularis oris muscle have an attachment to the bone? .....

3. Which is out of place? (a) overbite, (b) ankylosis, (c) interdigitation, (d) overjet. .....

4. To secure the best results, a silicate restoration cement should never be mixed more than (a) two and one-half minutes, (b) ten seconds, (c) one minute. .....

5. Inlay wax should be softened with (a) dry heat, (b) water bath, (c) hot oil. .....

6. Nitric acid is used (a) as a solvent for dental cements, (b) in the treatment of acute gingivitis, (c) to clean porcelain before staining and glazing, (d) as a strong antiseptic. .....

7. When developing roentgenograms the developer works best at (a) 50° F, (b) 80° F, (c) 65° F. .....

8. Healthy teeth will carry (a) less, (b) as much as, (c) six to ten times more, pressure than the mucosa will bear. .....

9. A benign cyst grows (a) expansively or (b) infiltratively. .....

10. Supernumerary teeth are found in the maxilla (a) two times, (b) eight times, (c) twenty times, more than in the mandible. .....

FOR CORRECT ANSWERS SEE PAGE 1737

Dentistry For All the People

Public health dentist advocates dental care programs on community level to aid in solving dentistry's social problems.

By R. C. DALGLEISH, D.D.S., M.P.H.*

THE AMERICAN Dental Association believes that it is doubtful if it can ever develop a universal dental program for its component societies because programs for the public must consider many local factors which can best be discovered and utilized by those living in the community. This philosophy considers the problems of dental health to be integrated with the life of individual communities. National organization must be supplemented by organization on local levels.

Local factors can best be discovered and utilized by those living in the community. Utilization of these factors in meeting local need should point the way to effective solution at the top. This is democratic force. Solutions may be found for social situations, local and simple in nature, through organized community effort.

People are the component parts of any social system. Most social situations are complex. The simplest social system consists of two persons. As numbers increase, complexity of the social situation increases. The more complex the organization, the less freedom there is in it. Basically, the form of government under which we live has not changed. Type of administration has changed. Community organization is dependent on individual effort. Every individual in the community in a pure democracy has a responsible part to play in its affairs. The significant relationship is that there has been less change in local units and dem-

*Director, Division of Dental Health, Utah State Department of Health.

ocratic processes have been more effectively utilized in meeting local need through community organization with a minimum of outside interference. This emphasizes the desirability of solving dentistry's problems at community level.

Dentistry's Social Problems

Admittedly, dentistry feels the necessity of finding appropriate solutions to social problems. The test of scientific observation, however, is not how we feel about it but what we can do about it. We have reached substantial agreement on the ideal. Dentistry must create an area of agreement in the development of methods of extension of dental health care for all the people and be realistic, not visionary.

We are face to face with the necessity of testing our observations. The answer to dental health service for all the people must be based on constructive, fact-finding studies of practical value. We must determine a sound, intelligent course of procedure and courageously follow the course. The dental profession must point the way. It is society's responsibility to find the means for wider distribution of dental health services. We must not permit misinterpretation of our responsibility.

The Council on Dental Health was created to study the need, and to develop plans for the provision of more adequate care for the public. In turn, it suggested that constituent councils follow the national pattern. It made recommendations concerning membership, tenure, administrative control, and other matters. Such direction is typical of centralization common to recent governmental administration. Contrary, but more desirable and more practical, is development through organization from the community to the Nation. So long as we throttle initiative, individuals and communities will look to state and national sources for direction.

Basic Health Program

The problem of a national dental health program is complex. It is complex in large states. It is less complex in small states, and relatively simpler in decreasingly smaller units.

Programs of dental health care must be based on an advised consideration and evaluation of complete dental health care and its cost. Available data is insufficient. Supervised, sponsored experimental programs for all age groups can supply the information needed. Subsidies will be required. With reliable information, society, utilizing the resources of society, can provide dental health care for all the people or for any segment of the population it chooses.

We talk speculatively of adequate care for limited groups. Adequate care is subject to interpretations as numerous as individuals having opinions concerning it. Complete care is also subject to individual difference of opinion.

Necessary care has shown such startling interpretations that educators question our sincerity. Public health personnel find it difficult to reconcile such differences with professional philosophy and teaching.

We should agree on standards which will preserve the ideals of dental practice. Dental service of inferior quality would be unfair. All services should be included. Minimum service will tend to depreciate and degrade. Strict adherence to standard methods and procedures will maintain standards of practice. Supervision can raise the level.

Uniformity of opinion based on professional education is needed to develop consistency of thought and action so essential to complete realization of our avowed objectives and the discharge of our admitted responsibilities. Some basis of general understanding must be reached. There is too much variance of opinion between dentists on basic fundamental dental health needs and standards of service.

Dentistry must establish by agreement the value of dentistry as a health service. Then, dentistry must point out the most satisfactory, most efficient, and most economic methods of providing dental health service for all the people.

The profession, through the American Dental Association, is committed to a three-point attack on the dental health problem: *research, education,* and *care.* Practical application of function, therefore, should be centered around the recognized principles of attack.

Research

Exhaustive investigation cannot be carried on without subsidy. Research most needed in dentistry is that which will lead to disclosure of the causes of dental caries and pyorrhea, together with the development of acceptable immunizing agents and procedures of known value. Encouragement should be given wherever substantial interest can be created.

Education

Education for the profession as well as the public is the most important single factor in this three-point attack.

Professional men rarely visualize personal implications. We forget our obligation to teach as well as to perform—the means we have of creating an informed public.

The profession must accept certain fundamental basic facts or truths concerning dentistry and its relationship to general physical well-being. It must promulgate such knowledge on the basis of universal agreement and understanding.

The average dentist's knowledge of Council on Dental Health activity is limited. His knowledge of public health activity is also limited. He has little appreciation of the manner in which he, an integral part of a great and important health profession, can utilize his knowledge and talents in further-

ing public dental health education. Educationally and legally he is set apart as qualified. Therefore, society expects him to give intelligent direction in dental health matters. The privilege of licensure to practice to the exclusion of others exacts responsibilities.

Professional education can be accomplished by utilizing talents of men in the dental profession and by utilizing talents of men from other fields such as education, commerce and labor, with particular reference to sociology, philosophy, community organization and planning, economics, health and welfare. Attitudes of others will do much to create social consciousness. Such experiences afford opportunity to orient dentistry in other fields; thereby advancing the profession's interest without sacrifice of standards, ideals, and philosophies.

Technical professional education is important; for example, technical procedures for children. The dental health problem begins with the teeth of children—a frontier to which we have been indifferent both in teaching and extension of service. Here is a disturbing gap between theory and practice; a contradiction of dentistry's importance in the field of health. Undergraduate training has not equipped dentists properly to give children treatments. The way to obtain more service for children is to persuade more dentists to perform children's service. People are finding out that dentistry for children is necessary and important. Their knowledge can become expressively positive. The profession is waking up. The educational councils and schools will wake up. Public health awareness is demanding it.

Despite the fact that dental disease strikes nine out of every ten people, there is little public consciousness of the dental health problem. Dental conditions among servicemen have been widely publicized, but such disclosures are apparently not dramatic in the public mind. We need to create through education a positive lay interest which will induce people to accept dental health care advisedly.

Dental Care

Every consideration of the third phase of the three-point attack on the dental health problem centers attention and emphasis on the necessity of meeting dental health care in children. Based on known factors, such as manpower and increment of caries, the most promising possibility of accomplishment seems to be in directing our energies toward getting young children under routine and regular care. It is generally agreed that the problem of accumulated need cannot be scientifically and professionally met with available personnel. Therefore, we must:

1. Train more dentists. This accomplishment will be predicated upon the ability of society and the dental profession to interest young

men and young women in making a professional career of the practice of dentistry.

2. Interest more practitioners in children's dentistry.

3. Encourage the establishment of clinics—philanthropic and community supported.

4. Use auxiliary personnel effectively and scientifically.

5. Consider utilization of dental interns and externs.

6. Strengthen dentistry's position in official and voluntary health agencies.

7. Have effective program planning on community, state, and national bases, coordinating the interests of those concerned and the dental profession to reveal practical, scientifically sound professional methods of procedure.

If we have the courage to be realistic within the limitations of our idealism, and if society will assume and discharge its responsibility, there is no doubt that the dental health care problem of the American people can be solved.

Salt Lake City 1, *Utah*

FRAUD WARNING

A MAN WHO calls himself the representative of a legitimate manufacturer sells gowns for dentists and nurses; and, also, offers with each sale six men's white shirts. It all appears authentic as he uses a tape to take measurements; carries a catalog with color pictures and style numbers; takes a 20 per cent deposit on the order in cash or check made payable to himself, saying that is his commission.

He is a fraud. The company in question advised that it does not have such a representative for its organization. Consequently, any money given him is lost.

This man is about 5 feet 9 inches tall, weighs about 180 pounds, has a rather husky voice, medium complexion, and scant, medium-brown hair. If he comes to your office, you should immediately call the police.

TWENTY-TWO MEDICAL ADMIRALS AND ONE DENTAL ADMIRAL

HERE IS something for you to think about: In accordance with Public Law 347, which the Seventy-Ninth Congress enacted April 18, 1946, the authorized strength of the Medical Corps of the United States Navy will be 4315. The quota of admirals is ½ of 1 per cent or *twenty-two* rear admirals. The Dental Corps with a proposed allowance of 1320 officers will have *one rear admiral.* This is another case of discrimination that should be corrected.

Plain Speaking to the House of Delegates

By HARVEY J. BURKHART, D.D.S.*

ADA Trustee urges closer participation by House of Delegates in Association's affairs.

THE MEMBERS of the state societies should realize that the American Dental Association is a large, voluntary, professional corporation doing a business of several hundred thousand dollars a year, charged with the investment and management of endowment funds and the supervision and responsibility of directing the expenditures of large sums by officers, commissions, and bureaus. It should not be regarded as improper, or a reflection on the ability or good intentions of officers and trustees, for members of the House of Delegates to scrutinize and discuss reports and recommendations from them, quite the same as is done by stockholders of business corporations.

In these days of change and confusion, in voluntary as well as governmental agencies, the growth of centralized bureaucratic control has been rapid. Assumption of authority and extension of activities by officials, councils, and committees without the approval or consent of the main governing body have occurred and caused embarrassment and much controversy and ill feeling. I regard it my duty, as your Trustee, to speak plainly and to sound a note of warning that unless you members of this State Society and other state societies assume your full responsibility in insisting upon and seeing to it that your affairs are managed in an efficient and economical manner, there will be in the near future another demand for an increase in dues.

*From the Report as Trustee of the American Dental Association to the Dental Society of the State of New York.

In the opinion of those well acquainted with the financial situation in the American Dental Association, funds are ample and sufficient now and for some time to come to conduct the affairs of the Association properly, economically, and efficiently. Your officials and membership must be constantly on the alert to withstand importunities from personally ambitious persons, pressure groups, and outside propaganda agencies, organized for the most part for their own financial benefit.

Many matters of importance will come up for discussion and solution at the next meeting of the House of Delegates. The consideration of the finances of the Association and the adoption of policies expressing your views and desires should be the chief interest of the delegates. Each state has a vital interest in this matter and a responsibility in rendering to its membership an account of its stewardship. I cannot recommend too strongly that every member of this State Society familiarize himself with the financial statements of officers, councils, bureaus, and committees, issued from time to time by the American Dental Association, in order to be capable of expressing opinions and advising with reference to the allocation of funds.

I have long been of the opinion that a special session of the House should be set aside for the discussion of its financial affairs so that officers, the Board of Trustees, councils, and committees could give information with reference to Central Office, councils, bureaus, and committees in order to safeguard, protect, and economically manage the financial affairs of the Association. All salaries, contracts, or financial obligations incurred by the Association should be discussed from the floor and have the final approval of the House of Delegates.

While the American Dental Association, as organized at present, has functioned in a fairly satisfactory manner, there are opportunities and places where its efficiency may be increased substantially. As constituted at the present time, some of the machinery is unsatisfactory; resulting in much waste of time and effort in the proper consideration and discussion of questions of the highest importance. Too much of the time of the annual sessions has been taken up by long and irrelevant addresses and reports, which might be quickly and satisfactorily disposed of by reference committees. Much more time and opportunity would then be available for the full and general discussion of vitally important matters. Of late years, without special blame being attached to particular persons, the impression is abroad that the House of Delegates is a body to approve and ratify the things that have been prepared for it by officials, bureaus, and committees with little or no opportunity for consideration or free and frank discussion.

I have for some time suggested that definite steps be taken to present a plan for the reduction of the membership of the House of Delegates, which, because of its large membership, has become an unwieldy, cumbersome business organization. At the Chicago meeting, 325 delegates were entitled to seats in the House, a number twice as large as that of the membership of the House of Delegates of the American Medical Association, the bylaws of which provide that at no time shall the number of its delegates exceed 175. There is no good reason why the number of our delegates cannot be reduced one half without the loss of rights, privileges, or influence of the delegation from any state.

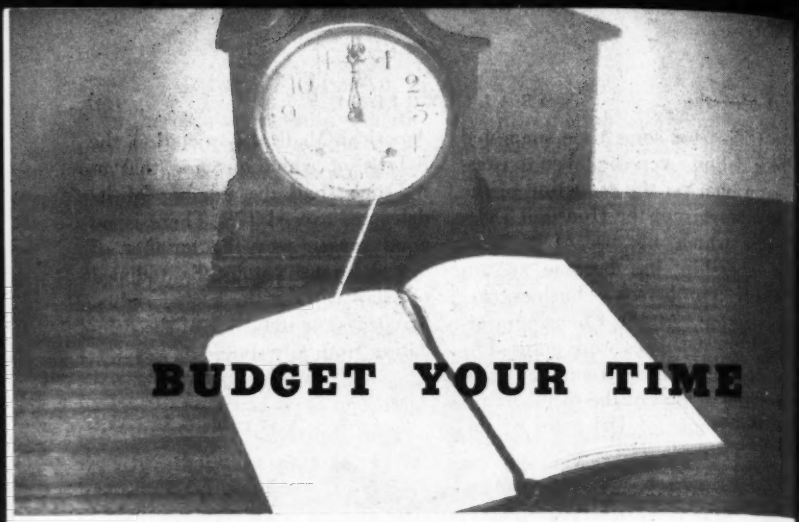
800 *Main Street East*
Rochester 3, New York

SO YOU KNOW SOMETHING ABOUT DENTISTRY!

ANSWERS TO QUIZ XXV

(See page 1729 for questions)

1. (a) examination, (b) prophylaxis, (d) extraction, (f) treatment of acute diseases. (An Outline and Analysis of the Wagner-Murray-Dingell Bill, J.A.D.A. 32:1457 [November-December] 1945)
2. No. (Anthony, L. P.: The American Textbook of Prosthetic Dentistry, Lea & Febiger, 8th Edition, 1942, Page 68)
3. (b) ankylosis.
4. (c) one minute. (Paffenbarger, G. C.: Silicate Cements, J. Mich. S. D. Soc. 27:216 [October] 1945)
5. (a) dry heat. (Skinner, E. W.: The Science of Dental Materials, 2nd Edition, Saunders, 1941, page 258)
6. (a) solvent for dental cements, and (c) to clean porcelain before staining and glazing. (Accepted Dental Remedies, 11th Edition, American Dental Association, 1945, page 23)
7. (c) 65° F. (Mustermann, H. W.: Principles and Practice of X-Ray Technic and Interpretation, Dental Items of Interest Publishing Company, 1945, page 111)
8. (c) six to ten times more. (Anthony, L. P.: The American Textbook of Prosthetic Dentistry, Lea & Febiger, 7th Edition, 1942, page 703)
9. (a) expansively. (Blumm, Theodor: Conservative Treatment of Extensive Cysts of Jaws, Annals of Dentistry 3:111-118 [March] 1945)
10. (b) eight times. (Hill, T. J.: Oral Pathology, Lea & Febiger, 3rd Edition, 1945, page 64)



BUDGET YOUR TIME

Increase the productivity of your dental practice by using your time to the best advantage.

By ALBERT G. PIETSCH, D.D.S.

"TWO HEADS are better than one" is a trite but time-proved saying. A plan, a design, an experiment—more often than not, the success of each is derived from mental assistance. Likewise, two pairs of hands are no small factor in the efficiency of a dental practice.

In this survey I tried to analyze why some dentists manifest flourishing practices; whereas others, established for a comparable number of years, have only a limping number of patients.

Sixty per cent of the dentists I interviewed had an assistant. In my observations, a third of the men in this group could have utilized their assistants to better advantage. For instance, many assistants had never been instructed in the complete preparation of the daily appointment record—that is, to mark the amount of time for each appointment and whether that time is productive or nonproductive.

As an example, one dentist I interviewed consumed forty-five minutes to remake a faulty inlay. Another practitioner had miscalculated a nerve block, which required a quarter of an hour for injection and resultant physiologic reaction of additional anesthesia. Another had "borrowed" ten minutes from his schedule for a denture adjustment.

On the other hand, dentists who keep a comprehensive day sheet

have not only an accurate guide of the services rendered, but as well a succinct reminder of how many minutes are lost each working day, how many hours each month.

With this chart, a dentist is likely to make greater effort for details at the chair, to strive for more carefulness in his operative technique and, above all, because there has been a minimum of wasted motions, he will have a greater reserve of energy at the end of the day.

Time Budget

How can a man accurately check on his achievements unless he adopts a fee schedule and a time budget? A consciousness of the clock tends to stimulate efficiency. One dentist whom I questioned cited his experience of the previous day. A slight error in the preparation of a bridge involved considerable time in trying to seat it correctly. Unable to do so, he found it necessary to cut the bridge apart, refit the abutments, take a new impression, send it off again to the laboratory. A trying experience indeed. Not only was an hour lost, but a greater portion of the profit. Procedures that have to be repeated are done at the operator's expense. With a time record the dentist is more aware of this important item.

About 20 per cent of the dentists with an assistant had never trained this extra pair of hands to develop roentgenographic films, to invest inlays, to pour and separate models. Many dentists still burden themselves with needless steps that could be feasibly delegated to a competent assistant. Even if a practitioner spends but fifteen minutes a day for the development of roentgenograms, he has squandered almost seven hours in a month. Impressions sent to the laboratory because "there is not enough time to do laboratory work" indicate a system, of sorts, which corrodes the time budget. The irony of this questionable procedure of trying to outwit the minute hand when the work could have been relayed to the assistant was discussed in a previous article MAKE THE MOST OF YOUR TIME.[1]

Emergency Appointments

Of the 40 per cent of practitioners who planned their appointments so that a minimum of time and motions in the office was lost, one out of every four set aside thirty minutes each day for emergency cases. Patients who telephoned at the beginning of the day for an emergency appointment were treated during this half hour. Obviously, this policy precluded any disruption of a scheduled plan for the day.

Broken appointments, like unforeseen events, are with us always. The opinions of nine out of ten dentists in this survey implied a reluctance to charge a patient who was late for an appointment or who telephoned at the eleventh

[1]Pietsch, A. G.: Make the Most of Your Time, ORAL HYGIENE 36:1534 (September) 1946.

hour for a postponement. Among the percentage who carried out a decided plan for chair time and office management, a few coped with the problem of unfulfilled dental reservations in this fashion: The assistant telephones the patients during the day previous to their appointments. Not only is this a tactful reminder to the patient, but should he have any intention of postponing his dental appointment—for the various reasons fabricated by the public—the dentist has sufficient time to revise his schedule accordingly. Patients then are more inclined to be punctual and certainly have no excuse for saying "I forgot."

Five per cent of the dentists were of the opinion that the rubber dam, especially on lower teeth, saved them time and nervous energy. With the aid of a capable assistant it needed only a few moments to be applied.

Two-Chair Office

As for one of the most outstanding time-saving factors, the replies indicated a two-chair office. While the dentist is operating on one patient, the assistant sterilizes instruments and prepares the next patient in the second chair. The dentists in this group calculated their demands for assistance so that little time was lost between patients. With an extra operating chair, those fifteen or twenty minutes of waiting while the conduction anesthesia was taking effect were eliminated. That interval could be used to advantage on the next patient—an examination, for example, or taking roentgenograms, or cementing an inlay.

One dentist offered this capsule of logic which provides him with more time at the chair: "Formerly, patients who felt that the fee was too unreasonable would telephone or come into the office for an explanation. So I directed my assistant to mail an itemized statement for services—a form similar to those used in hospitals. Patients realize now, apparently, that gross income does not mean net income, for payments are invariably prompt. No need for time-consuming explanations. And those minutes my assistant wasted in sending follow-up statements are now used in helping me at the chair."

While studying several dentists at the chair I noted that the use of the handpiece and air syringe involves a countless number of wasted motions. By way of explanation, the dentist replaces the handpiece, reaches for the warm air syringe, cleans the cavity, then retrieves the handpiece. The assistant was there—but a mere bystander at the operating tray. She could have been readily trained to handle the air syringe and save the dentist these unnecessary motions. A small item, perhaps, for one cavity preparation; but if all those extra actions were taken in the aggregate for a month, several minutes and a considerable amount of nervous energy could be added to the dentist's point of vantage.

"What about roentgenograms—do you take them routinely as part of the examination?"

From this question I learned that one out of every five dentists carried out operative procedures without including roentgenograms in their examination of a patient. To make a diagnosis—for want of a better word—by these standards is comparable to blindfolding oneself and trying to dovetail a jigsaw puzzle. While these men overlook considerable potential dentistry, their productive time adds up to a loss in money as well as motive power.

As an example, one dentist admitted the following recent experience in his office: Without the aid of roentgenograms, he completed an MO amalgam restoration in an upper left bicuspid. Six weeks later the patient returned with a complaint of recurrent pain in that area. This time the dentist resorted to a roentgenogram, and observed caries on the distal surface of that same bicuspid. He decided that an MOD inlay was in order.

But how to explain this requirement and an extra fee to the patient? The MO amalgam added up to unproductive time and wasted motions merely because the dentist "did not think posterior interproximal roentgenograms were necessary."

Is the service of preventive dentistry of less value than to restore a tooth? These unnecessary detours in dentistry are an extravagance of effort and hours.

Despite their knowledge on the subject, the comments of 5 per cent of the dentists questioned indicated that at times they resorted to multiple extractions. The aftermath of such cases usually is prolonged hemorrhage with the patient returning to the office later in the day, or telephoning the dentist's home at night. The practitioner has only himself to blame for the infringement on his leisure hours and activities. Surgical precautions are no less time-savers than a study of roentgenograms before extractions, and, in addition, the notation of the history of a questionable case.

There are, unfortunately, many dentists who replied that they either cannot afford to employ an assistant, or do not need one. "I am unable to keep an assistant for any length of time," was a familiar answer. Marriage or a more appealing salary in other occupations, it seemed, were the chief reasons for losing young assistants. A dentist, of course, who really values his time will make an arrangement with his assistant whereby she works on the basis of a commission or bonus. The so-called inconvenience of replacing one assistant after another can often be turned into an asset. This is the experience of a dentist with a two-chair office, who in his twenty years of practice had instructed five assistants. Said he: "Each new assistant I trained had a different set of friends and acquaintances.

Several of these became my patients and their families followed suit." Aside from the increase of patients attributed to his employees, the time and nervous energy this dentist saved by selecting capable assistants far offset the time he devoted to their training.

A capable assistant, properly utilized, can be an inestimable aid to the dentist in the race against setting cements, hardening amalgam, saliva. A dental practice can progress with more harmony when there is another pair of helping hands to attend to the numerous small details and absorb the many interruptions that would tend to encroach on the dentist's schedule.

As for the men whose wont is to practice without extra help, they can overcome a considerable degree of unproductive time and wasted motions by a conscientious time record of all operations, by a careful planning of treatments, by the aid of roentgenograms, by a constant desire for accuracy in technique.

The dentist with the capability of an executive budgets his hours and actions so that he is able to take the necessary time to plan, to read, to study. He is both a man of business and a practitioner of dental science.

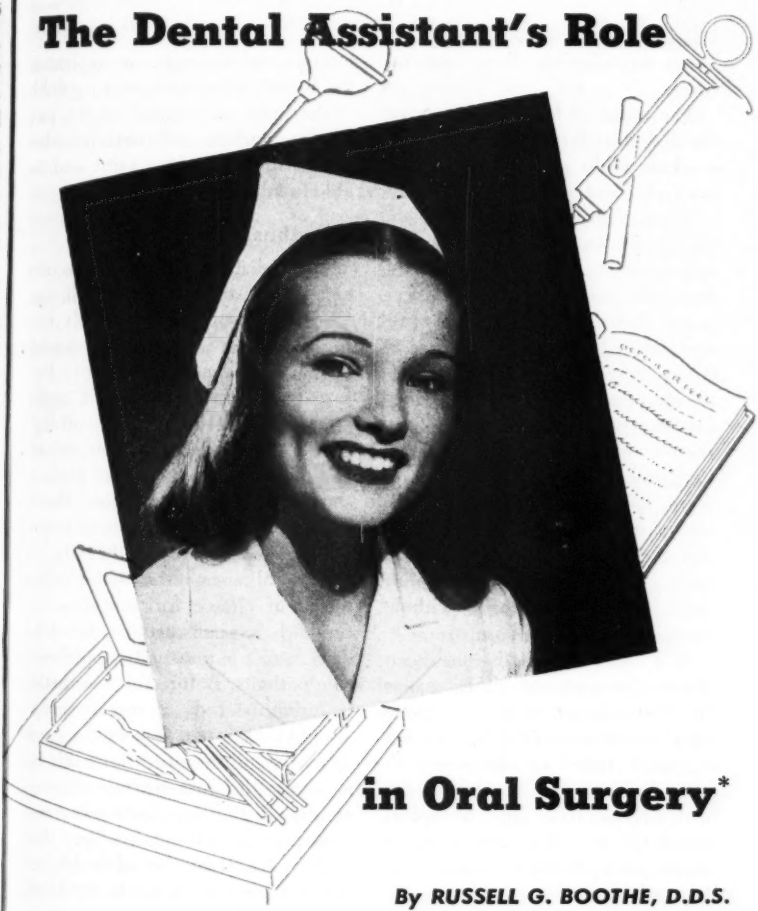
28 *Ridley Avenue*
Norwood, Pennsylvania

TEMPLE UNIVERSITY SCHOOL OF DENTISTRY PURCHASES NEW BUILDING

By September, 1947, Temple University's School of Dentistry expects to be housed in one of Philadelphia's most beautiful buildings, a property valued at $1,000,000 which was purchased recently from the Federal Government. The structure, which was built within the last decade, is now being remodeled to fit the needs of a modern dental school.

According to an announcement made by Doctor Gerald D. Timmons, Dean of the School, the most modern dental equipment is being purchased to be installed when the building is ready. The school building will house a dental museum, an auditorium with a seating capacity of 800, a 40,000-volume library, spacious clinical facilities, classrooms, and laboratories. It will also permit the addition of new units without cramping the already established departments.

The Dental Assistant's Role in Oral Surgery*



By RUSSELL G. BOOTHE, D.D.S.

The efficient handling of the dental assistant's duties is an important step toward the success of oral surgery.

IN ORAL surgery, the role of the dental assistant is especially important. Patients who are to undergo surgical intervention are generally nervous and frightened; by her calm, sympathetic, matter-of-fact demeanor, the assistant can do

*Adapted from *The Dental Assistant*, May-June, 1946.

much to alleviate these natural fears.

The scope of her duties may be divided into three main divisions —what to do preoperatively, operatively, and postoperatively.

When surgery is scheduled, whether it is a previously arranged appointment or an emergency, thorough preparation is the key word. Before the operation premedication may be necessary to the patient. Needed instruments should be assembled and examined for sharpness and utility. They should be thoroughly cleansed, sterilized, and set up in order of their use. Sponges, applicators, cotton and towels must be autoclaved. Ideal aseptic conditions must prevail. Nothing sterile may touch anything unsterile without breaking the chain of asepsis.

If a local anesthetic has been chosen the assistant either makes up fresh solution or uses prepared solutions. The assembled, sterilized syringe is tested to assure smooth flow. An antiseptic to cleanse the field of operation and a topical anesthetic to allay the pain of needle prick should be made readily available.

At the time of the operation, if the patient is a woman, she should be asked to remove all traces of lipstick.

A good assistant is calm above all. She is quiet and alert. She is ever mindful of the fact that she must keep the field of operation clear; she adjusts the light, if necessary; she retracts the cheek and tongue and sponges or aspirates the blood from the operating field —she must be mindful of the patient's comfort and welfare; she knows the signs of a faint and is able to administer first aid.

Anesthesia Preparation

If the dentist has decided to use general anesthesia for a certain operation (nitrous oxide usually being the choice), the patient should be advised to use the lavatory before the operation to avoid probable embarrassment. The clothing should be loosened at the throat and waist so that if the patient should need resuscitation there would be no restriction, and respiration would be restored easily.

General anesthesia is the anesthesia of choice for acute conditions where pus is present, for children, and for unusually apprehensive patients. Before the anesthetic is administered a mouth prop should be inserted to keep the jaws apart during the operation; this is necessary because during general anesthesia the muscles become so tense that it is difficult to pry the jaws apart. It is also advisable to insert a piece of gauze in the back of the mouth to prevent aspiration of blood, extracted roots, or other foreign bodies. This is called a throat pack and consists of a folded piece of gauze to which a string is attached for convenient removal.

Removal of Teeth

The most common surgical operation, and one which is probably

as old as man, is removing teeth. It has become the custom to speak of this operation as "pulling" or extracting teeth; actually it is neither, and it is much better to use the term "removal." Surely this has a much less forbidding sound to the patient.

Among the duties expected of the assistant in surgery for the removal of teeth are:

1. Having the patient's roentgenograms in readiness.
2. Having the correct instruments ready.
3. Sterilizing all instruments to be used.
4. Maintaining an aseptic technique.
5. Retracting the cheek, which is done with a special instrument called a cheek retractor.
6. Aspirating and sponging when necessary to maintain a clear operating field, free of blood and saliva.

Postoperatively, the assistant should clean the patient's face of all traces of blood and debris. A patient should not be allowed to leave the office until all bleeding has stopped. Written instructions for proper home care and a verbal explanation of the instructions should be given to each patient. The normal after-effects of pain and soreness and sometimes swelling should be stated to forewarn the patient. I like to advise cold, moist dressing on the outside of the face the first twenty-four hours after an operation. After twenty-four hours, if there is swelling, I advise moist hot applications on the outside of the face, and on the inside of the mouth the use of one-half teaspoonful of salt to a glass of hot water. This is held in the mouth, but not used for rinsing. A sedative and hypnotic should be recommended to the patient with instructions.

The assistant should be familiar with the fact that the patient often has a marked debility and a feeling of depression postoperatively. She should therefore be comforting and attentive. For this debility, a stimulant should be given and in some cases, when the patient has a feeling of nausea, the proper drug should be offered to relieve stomach distress. The kindness and consideration that the assistant gives a patient at a time when he is overwrought and strained is greatly appreciated. It is, therefore, one extremely important step in practice retention and practice building.

THE COVER

THIS MONTH'S cover is a favorite view of many St. Louisians. The view is known as Aloe Plaza (Milles' "Wedding of the Rivers") with the Union Station in the background. The meeting of the Mid-Continent Dental Society is being held in St. Louis, November 4-6.

Industrial Dentistry Can Be Satisfactory

John J. Wittmer, M. D., Assistant Vice President, Industrial Relations, and Chief of Medical Services for the Consolidated Edison Company of New York.

By MYRON WEISS*

IN NEW YORK City a chosen group of forty-eight dentists give part of their professional time to a sure-paying clientele of 20,856 patients. Last year more than 7,000 of those patients paid the group a grand total of 29,701 visits. The bill for services and supplies ran to $105,216.36. This averages $3.50 for each visit, a total of $15 paid to the dentists in behalf of each patient, a gross income of $2.192 yearly ($42 weekly) for each dentist.

This group of dentists is employed on a part-time basis by the Employees' Mutual Aid Societies of Consolidated Edison Company of New York, the public utility which provides the larger part of the metropolitan district with electric, gas, and steam service. The employees are happy with the dental care which they receive under this plan and the dentists are satisfied with it—all of which indicates that industrial dentistry can be satisfactory.

Several hundred New York dentists are currently waiting to get on the Consolidated Edison panel. Before the war at one time the applicants numbered 1,500.

Director of this program is Doc-

*Mr. Weiss, New York Consultant Editor, was formerly associate editor of *Time*.

Through Mutual Aid Societies the employees of Consolidated Edison Company receive regular dental service.

tor John J. Wittmer, Chief of Medical Services and company Vice President for industrial relations, a physician whose slogan for dental care is "A Serviceable Mouth, Free of Infection."

The scope of the dental program is determined by Doctor Wittmer together with his staff and representatives of the employees. They are obliged to consider the money available for their program on the one hand and the type of dental services which employees might require on the other. Since there has never been sufficient money to provide every type of dental care to the 20,856 subscribers, certain forms of dentistry have been neglected of necessity. Esthetic dentistry is ruled out as not falling within the limits of an industrial dental program. Orthodontics has also been ruled out thus far, because the majority of persons old enough to get and keep jobs in the public utility industry are in age brackets which do not lend themselves to efficient dental orthopedics.

The same age considerations also ban any extractions performed under gas anesthesia. But extractions which can be accomplished under either local or nerve block anesthesia are permitted. Impacted molars may not be extracted under this program.

Complete prophylactic treatments are an integral part of this dental plan, with regular examinations of the tooth surfaces and laboratory tests and roentgenograms, if the dentist thinks they are warranted, to determine any hidden infection. The dentists are authorized to restore cavities with porcelain, cement, alloy, or amalgam.

The intention is to provide the employees with the type of dental service which they would expect to receive from their family dentists. However, in order to keep within budgetary limits and still maintain the aim of the program, the participating dentists may not make bridges, do gold or precious metal work, root canal therapy, or surgery.

Dentures Available

Either full lower or upper dentures, or both, are available to the employees. But the program will not bear the added expense of providing both partial upper dentures and partial lower dentures. Because lower dentures are the more important for biting and chewing, partial lower dentures are provided whenever a minimum of four molars are missing; or whenever a patient has a definitely unbalanced bite without enough chewing surface or biting surface provided by the remaining teeth. Such partial lower dentures do not in-

clude lingual bars. But they do have necessary clasps.

At the outset of this program, all dentures were made of vulcanized rubber. Acrylic dentures have come into popularity recently. But the employee is required to pay the difference in cost between acrylic and rubber. If the patient cannot afford the difference, a special fund exists to help him out. This same fund will pay for partial upper dentures if the patient is not in a position to pay for them himself.

Should a denture be lost, its owner must replace it at his own expense. If a denture should become useless or need alterations in the normal course of events, he gets a new one or repairs free. To minimize the number of dentures which may have to be replaced, patients must wait four months between extractions and the actual construction of their dentures. This permits their gingivae to heal and shrink, reducing the need for alterations in the finished denture.

This program of industrial dentistry is so arranged that it does not interfere with the private practices of the forty-eight participating dentists. The dentists give regular treatments to the employees in their own private offices with their own equipment and staffs.

Procedure Followed

When an employee needs dental service, he calls the "Dental Dispatching Office" of the company. If he prefers a particular participating dentist, he can ask to be assigned to that dentist. Otherwise, the participating dentist practicing in the neighborhood of the employee's home gets the assignment. In case that the district dentist is overloaded with appointments, another district's dentist may be called on so that the case will move forward rapidly. Certain district dentists have had their waiting lists grow longer and longer as one employee recommends them to another and as they build reputations among the workers.

Dentists are limited as to the maximum number of hours which they may spend working under the terms of this program in any one month. These maximum time allowances range from thirty-two hours to not more than fifty hours a month. A dentist may expend more hours than the maximum in treatments for a given month and carry the extra time over to another month when he may want to close his office for a vacation or to attend a scientific meeting.

Dentists are paid a basic fee of $6 an hour, plus extra allowances for some types of cases. In the event that roentgenograms are taken, the dentist's hourly fee is upped during the period that the roentgenogram service is going on. There has been no attempt made to set a price on differing types of service and there has been no price schedule established for varying categories. Doctor Wittmer and his staff feel that any such price schedule would destroy the program's

intention to provide the type of care the employee might expect from his family dentist. A prophylaxis may be a simple matter of a half-hour's service, or it may run to an extended series of treatments. The Consolidated Edison panel dentist is free to embark on the more expensive treatments if he feels that they are required.

Bills for laboratory services and supplies are made out to the dentists by the firms concerned. The dentists forward these bills to the Mutual Aid Societies and receive the expense money in return.

These Mutual Aid Societies are supported by regular contributions from the employees and from the company. In the event that expenses for any year outstrip the contributions, the company pays the difference. In 1945 Consolidated Edison paid about two thirds of the employees' dental bills, the employees about one third.

Services of the participating dentists are controlled through spot checks. At any time Doctor Wittmer's administrative staff may request that any patient be sent to their central medical bureau for examinations.

For consultations the participating dentists have the advice of four New York oral surgeons—Doctors Fred C. Orthe, Edward Becker, William Hawthorne, and (at present on military leave) Francis J. Petrie. These consultants are paid on a case basis. They determine their fees in part on the amount of time they spend on the particular treatment and in part on the severity of the condition treated.

130 *West 57th Street*
New York 19

"CUT-RATE" DENTISTRY

BELIEVERS IN a brisk cash-on-the-barrelhead attitude will not take much comfort from a Newark dentist whose no-money-down advertising threatens to rival that of the cut-rate furniture trade. Unsolicited credit cards from the "Friendly Dentist" appear to offer New Jersey citizens everything except a trade-in value on their old teeth.

Two years to pay, no references, no down payments, his dental broadside promises. "Your word is good," he says flatly. "Remember, dental care is *so* essential to a pleasing personality."

Health on credit may be all right, but it does not reflect happily on the profession when the credit is stressed rather than the health. However, Newark's dentist will no doubt continue on his genial way, developing pleasing personalities by the score, just as those who take business-like collections for granted will go on proving how talented they are, not how trusting.—*Medical Economics.*

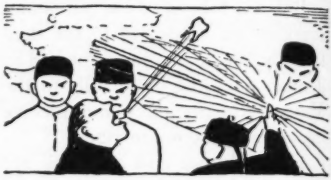
Dentists in the News

Bronx (New York) Home News: A thirteen-year-old terrier-poodle has been Doctor Bernard Adorjan's answer to the problem of finding a dental assistant for some years. "Sookie," the famous canine of the Jackson Heights section of Queens, is actually the "Seeing Ear" aid to this dentist who is almost totally deaf. He acts as a dental assistant by guiding patients to the reception room, nudging the dentist when patients arrive, and waiting for orders at the dental chair.

On command of Doctor Adorjan, Sookie will bring a clean towel and dispose of a used one. At a signal from her master, she will entertain the patients by performing tricks. When the dental treatment is completed, she will escort the patients to the door.

Sookie will assist the dentist on all occasions except when a roentgenogram is being taken. She leaves the operating room then because a man repairing the unit once frightened her when he caused a short circuit. She has never forgotten the incident. Doctor Adorjan finds her an efficient assistant, however, and reports: "I'll take her over the best-trained dental assistant in the world."

Long Island (New York) Star-Journal: When Doctor Fernando T. Brandenberg, Bayside dentist, was stationed in Luliang, China, with the armed forces, he had an opportunity to observe one of his Chinese colleagues operate. While on leave from his base one day he joined a crowd of passers-by who had stopped on the street corner to watch a Chinese dentist removing a tooth. During this open-air operation, the dentist stood in front of his patient



and twirled a long pole above his head while uttering strange sounds. Occasionally he bent close to his patient, only to back away again. After a few minutes, the dentist suddenly held the patient's tooth up in the air. The admiring spectators applauded, believing that the tooth had been removed by magic.

Doctor Brandenberg explained that the patient was an extremely old man whose tooth had probably been loose in the first place. But the operation was done so skillfully that the Bayside dentist was unable to detect how it was done.

Doctor Brandenberg said that Luliang is one of the more backward regions of China and few dentists skilled in modern techniques are available.

Boston (Massachusetts) Daily Globe: Positive identification of the body of Ruth McGurk of Cambridge, which was found in a Carver pond, was made at Wareham by Doctor Henry L. Dana of

Brookline. Doctor Dana had been Miss McGurk's dentist for many years and he identified the body through dental service he had performed.

New York (New York) Journal-American: Under the terms of the will of the late Doctor Louise Ball of Mamaroneck, New York, the bulk of her estate has been left to institutions to use in the field of dentistry. Doctor Ball was an early leader in the field of dental hygiene and founded Columbia University's first training school for dental hygienists.

The residuary estate, $25,000, and Doctor Ball's dental equipment have been bequeathed to Howard University in Washington, D. C. The Louise C. Ball Fellowship in Dentistry is to be established with the residuary funds.

Among the other institutions receiving legacies is the Boys' Home, Inc., Covington, Virginia, which received $10,000 to provide a dental clinic for resident children; and the Wartburg Orphan's Farm School of the Evangelical Church, Mount Vernon, to which Doctor Ball left $10,000 for the maintenance of a dental clinic for the children and elderly residents.

Awards for stories published in DENTISTS IN THE NEWS this month have been won by:

FRANK H. GINSBURG, D.D.S., 1180 Gerard Avenue, Bronx 52, New York.

BRUNO S. WOJTKUN, D.M.D., 414 Essex Street, Lawrence, Massachusetts.

MRS. J. E. PUTRIN, 24-37 24th Street, Long Island City 2, New York.

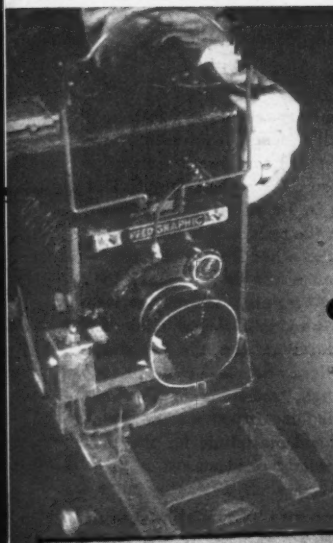
CAN YOU USE A DOLLAR?

TO EVERY READER who contributes a newsworthy item, something unusual about a dentist, *which is published in Dentists in the News*, we will send promptly a crisp, new one dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to Dentists in the News, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

PREGNANCY AND TOOTH DECAY

WOMEN experience a unique increase in the rate of tooth decay during pregnancy. Most women consider this occurrence an inevitable manifestation of biological changes. Resigned to this misconception, they are guilty of neglecting their oral hygiene at a most important time. Scientific investigations, however, tell a different story. Ironically, it appears to be this negligence that is primarily responsible for the pronounced oral deterioration.

During pregnancy eating habits are irregular; the foods contain additional amounts of carbohydrates; and frequent vomiting produces an abnormal mouth acidity. All these factors are conducive to the decay of teeth. It is imperative, therefore, that the pregnant woman maintain a clean mouth by constant brushing and rinsing. She must also visit her dentist at regular intervals.—A. L. Corbman, D.D.S., *Dental Health*.



Portraits and Profiles

OF AMERICAN DENTISTS

By HOWARD A. HARTMAN, D.D.S.

Left: S. H. Flickinger, of Baldwin, Kansas, Treasurer of Kansas State Dental Association.

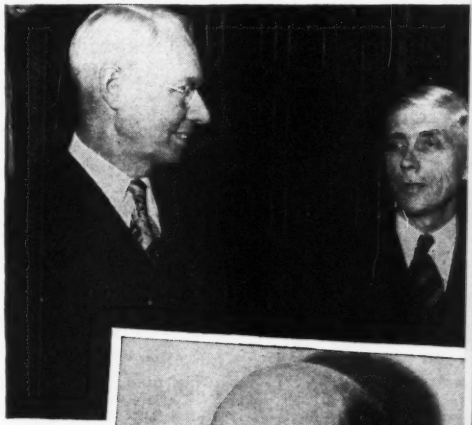
★

C. F. Sweet, of Minot, North Dakota, greets Roy F. West, of Seattle, Washington, professor of Oral Surgery at the Dental School, University of Oregon, at the North Dakota State Dental Meeting.

Right: At the North Dakota State Dental Meeting Russell A. Sand, American Dental Association Trustee from the Eleventh District, with William H. Crawford, Dean of the University of Minnesota School of Dentistry.

★

H. E. King, Dean of Creighton University College of Dentistry, Omaha, Nebraska, and B. L. Hooper, Dean of the University of Nebraska College of Dentistry at Lincoln, Nebraska, attend a testimonial dinner given in honor of Roy J. Rinehart, Dean of the University of Kansas City School of Dentistry.



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Bottom Right: C. E. Tuttle, of Wichita, Kansas, President of the Kansas State Dental Board.

★

Below: E. E. Carpenter and Carl M. Williams, prominent members of the Kansas State Dental Association.

Editorial Comment

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." *John Milton*

STATE BOARD BARRIERS

NEITHER PHYSICIANS nor lawyers are as stiff-necked about granting reciprocity licenses as are dentists. There is not a single state in the Union that grants complete dental reciprocity with another state. Only eight states and the District of Columbia have even a limited reciprocity in their written examination subjects. Only sixteen states recognize the National Board of Dental Examiners.

The dentist who, from choice or necessity, must move to another state is required to submit himself to an examining board that demands written answers to questions that not a single member of the board could likely answer himself. The so-called practical examination consists, among other things, of placing gold foil restorations, constructing Richmond crowns, and setting up teeth. Even the specialists in dentistry—the orthodontist and oral surgeon, for example—are required to pass the practical examination even if they have been out of general practice for years and have no intention whatever of returning to it. It is an absurd waste of time and nervous energy to make such demands.

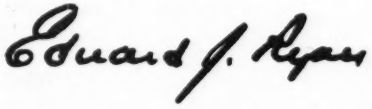
In the case of the competent dentist who is required to move from one state to another, what does he do? The requirements are the same for him as for the recent graduate. He must write an examination on subjects that have long been forgotten. He is required to prove his skill in technical procedures that have long been relegated to laboratory technicians or are antiquated in practice.

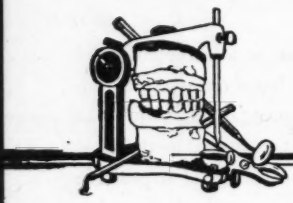
How do medical and legal examining boards operate? In general, they are more liberal with persons who have proved themselves in practice. These boards are given discretionary powers to license upon

application and an oral examination. If a physician or a lawyer of good character and established ability wishes to move from one state to another, the examining board, in almost every instance, is empowered to grant a license at its discretion. Granted that it is possible to show favoritism or discrimination under such a system, so too is it possible to show the same traits under a complete examination with all the trimmings. Dental boards have been known to grant licenses to incompetents who had influence and to withhold licenses from people whom they did not like. So long as the board has the power to grant a license, the kind of an examination required makes little difference. An honest examining board will make every effort to conduct a fair examination within the rigid framework of the regulations. With few exceptions, dental boards are made up of decent, honorable, and sincere men.

How can this rigidity of state dental regulations be relaxed? What state will make the first move? It appears that almost every board wants to think itself a little harder and more exact than the board in any other state. If two or three states would relax a bit and grant reciprocity licenses upon application, after thorough investigation and upon an oral examination, in a short time other states would join the movement. Under such a system, the boards would not lose any of their power and authority. They could still keep undesirables out and could control the number of dentists in the state. The states with too few dentists could fill their quotas much easier. The states approaching the saturation point of dentists to population could be as arbitrary as they wish to keep the ratio in proper balance. State's rights are still protected and the sovereignty of each state remains unimpaired.

There are no tariff walls or immigration laws among the *United* States. It seems ironic that where goods and people move freely in interstate traffic, we should have rigid barriers that prevent the free flow of professional talent—notably dentists.





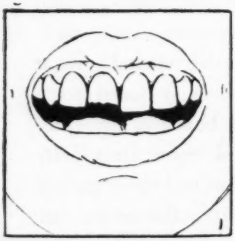
Technique of the Month

Conducted by W. EARLE CRAIG, D.D.S.

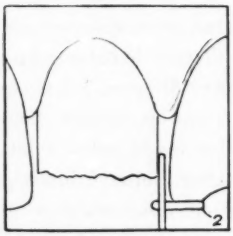
Drawings by Dorothy Sterling

Restoration of Fractured Incisors in Children

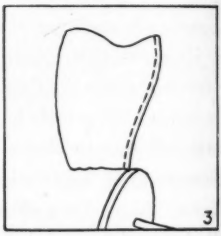
By M. R. STERN, D.D.S.



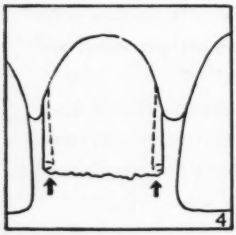
The case considered is the fracture of an upper right central with no exposure of the pulp.



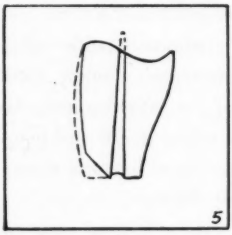
Parallel the sides of the broken tooth.



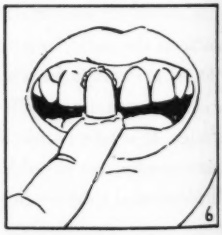
Reduce the lingual to allow for the thickness of a metal casting.



Cut tapering grooves on the mesial and distal of the stump.

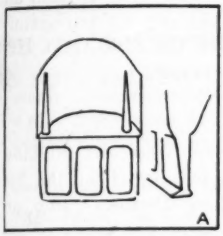


Take a compound impression as for a jacket. Make a die. Articulate.

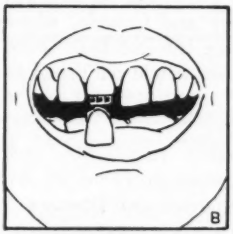


Smooth and bevel the fractured surface. By reducing the labial of the stump, the restoration may be brought to the gingival margin, eliminating a fracture line.

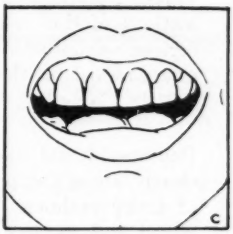
If the restoration is to be of silicate cement:



Wax up, with a retention grid extending from the broken surface of the tooth to the incisal edge. Note that the incisal edge is made heavier at the lingual, coming to a knife edge on the labial.

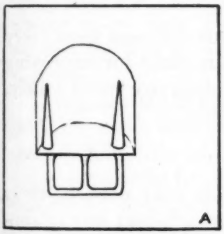


Cast, polish, and cement to place. Use a celluloid form to help condense the silicate cement and contour the restoration.

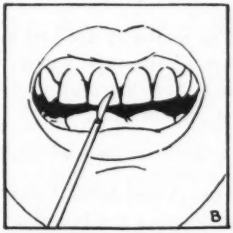


Completed restoration in silicate.

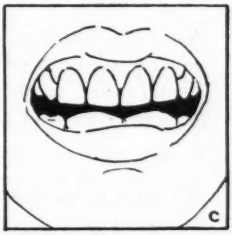
If the restoration is to be of acrylic:



Wax up, with a skeleton framework which will be entirely embedded in the acrylic (much lighter and shorter than for the silicate restoration.) Cast.



With casting in place, wax up the restoration in the mouth. Then process, polish, and cement in place.



Completed restoration in acrylic.

If you are interested in a particular technique and would like to have it included in this series, please write W. Earle Craig, D.D.S., Oral Hygiene, 1005 Liberty Avenue, Pittsburgh 22, Pennsylvania.

$4500 IN PRIZES AWARDED TO DENTAL WRITERS

PRIZES totalling $4500 have been presented to dental writers, from all sections of this country and Canada, whose skillfully written manuscripts, submitted during the last four years, won the $100 ORAL HYGIENE award for the best article published each month.

• • •

Dentists, dental assistants, journalists, architects, who are thinking clearly about the peacetime problems of dental practice, head the list of lucky authors. "Occupational Diseases Among Dentists" won an award and its accompanying questionnaire brought thousands of replies from interested dentists. The patient's postwar reaction to dental service was presented in the prize-winning "Dentists—Meet the People." The need of correct dental diagnosis to avoid practice hazards was pointed up in "Tightropes and Dentistry." Recommendations for avoiding socialized dentistry and practical suggestions on the present-day fee problem were other prize winning subjects. A Pennsylvania dentist won an award for his answer to the question, "Is There Profit in Your Voice?"

• • •

Your own observations on dentistry are just a little different from every other person's. Write down your experiences, your plans for improving dental practice, your ideas for distributing dental service more widely, or suggestions for a retirement plan.

• • •

We want to know how the dental scene looks from your point of view. If you or one of your colleagues has found a more efficient way to conduct a dental practice or a better way to utilize leisure, tell us the story in 1500 words and send it along. Here are the rules:

1. Emphasize the dental angle in your article.
2. Write your story in simple, direct, specific language without literary flourishes.
3. Your manuscript must be limited to 1500 words, typed, double-spaced, and accompanied by return postage.

• • •

Mail your story today! If you do not win a prize but your manuscript is acceptable for publication we will pay you the regular word rate. Send your manuscript to: Edward J. Ryan, D.D.S., Editor, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

Ask Oral Hygiene

Please communicate directly with the Department Editors, V. Clyde Smedley, D.D.S., and George R. Warner, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply.

Gagging Control

Q.—I have a patient about fifty years of age. I have been trying to take an impression for dentures but he gags so that I find it impossible to do anything for him. I have tried troches and the belledonna and camphor mixture but neither seems to help.

Can you suggest anything that will bring better results? There is the possibility that he will be unable to wear dentures if this condition persists. Can this be overcome?—T.H.N., Ohio.

A.—A procaine injection into each posterior palatine foramen should solve the problem long enough for you to make an impression.

If you succeed in making a well-fitted denture with a firm postdam, the possibility of your patient's being able to wear it will be greatly enhanced.

I have had several patients who have worn roofless upper dentures without difficulty when they could not control the gagging impulse when the palate was covered by a denture.

The roofless denture technique described by either Hawkes[1] or Purcell[2] can be employed satisfactorily in such a case.—V. Clyde Smedley.

[1]Hawkes, L. A.: The Roofless Denture, The Dental Digest 51:498 (September) 1945.
[2]Purcell, J. M.: A Technique for Roofless Dentures, The Dental Digest 50:164 (April) 1944.

Mottled Centrals

Q.—I have a patient, a girl 18, who has large white areas—decalcification—in each of her maxillary centrals. They have apparently always been this way.

Is there a method by which these areas can be changed to the natural color of the teeth?—R.A.E., Pennsylvania.

A.—You say your 18-year-old patient "has large white areas—decalcification—in each of her maxillary centrals." You then say, "They have apparently always been this way."

If these areas are decalcified it would be most unusual for them to have remained in the same condition always. If they are simply white areas, which remain unchanged, I would suspect that the condition is because of interference with the normal formation of the enamel.

We have such a condition which results from too much fluorine in the domestic water during the period in the child's life when the enamel is forming. This sometimes results in the formation of enamel with brown spots, so-called mottled

enamel, and sometimes with white spots. The brown spots can be bleached but little change can be made in the white spots.—GEORGE R. WARNER.

Pain in Healthy Teeth

Q.—Perhaps you can help me with this perplexing problem. During the last four months I have extracted four molars for a young woman. All of these molars were caries free and were removed because of severe pain. There is no malocclusion, pyorrhea, no restorations in any of the extracted teeth, and roentgenograms show no pulp stones. I split open the teeth but found nothing.

One by one they became, at first, sore; then severe pain set in and she was unable to bite on them; and then they had to be extracted. I can find no reason for this condition; nor can the dentist treating her sister who is having the same experience as my patient.

The question is, how long will this go on? I plan to make partial dentures for my patient, but I hesitate to do so because another tooth may flare up. There is no history of any traumatic injury and she enjoys excellent health.

Any help or experience you have had with similar cases would benefit me.—H.E.K., Missouri.

A.—We have had two or three patients in the past who have had much the same baffling and distressing experience with apparently healthy teeth that you report. I am wondering if vitamin deficiency could be a causative factor.—V. CLYDE SMEDLEY.

Obliterated Pulp Canal

Q.—Enclosed you will find a roentgenogram. These teeth test vital except the lateral which gives no response whatever. As you see, the canal is almost obliterated; the tooth is also darkened in color. What is your opinion of such cases?

The patient is a physician, about sixty years of age, in good health.—R.L.B., Pennsylvania.

A.—It is not at all uncommon to get a negative response to ice test for vitality in cases in which the pulp canal is wholly or even partly blotted out by secondary dentine. If the lamina dura at the root apex of such a tooth is unbroken, one may consider the tooth safe to retain. This condition is true in your case.—GEORGE R. WARNER.

Swollen Cheek

Q.—I have a patient, about twenty-five, who returned from Service in the South Pacific and Orient about a month ago. He presented himself five days ago with swelling in the right cheek. I am enclosing roentgenograms of the upper and lower teeth on that side. There was no soreness, pain, or tenderness of the cheek and buccal mucosa on that side, and none of the teeth was sensitive to percussion. I tested them with ice and all of them seemed vital except the upper centrals and laterals.

I saw the patient again today and there is some swelling evident, but still no pain or soreness in either the teeth or soft tissues. He said that he has awakened on some mornings with his right eye swollen shut, but that the swelling has subsided greatly during the day.

Do you think this condition could be coming from the upper anteriors, which show periapical infection, or is there any possibility of a cyst in the upper molar region? The roentgenogram of that area looks atypical to me.

I should appreciate your opinion of this case and any suggestions for treatment.—J.G.T., Michigan.

A.—From your clinical examination of your patient's mouth, including the teeth, it is not clear as to the cause of the swelling which you describe. There is the possibility of a parotitis, and a parotitis

can occur as a result of remote disturbance.

As to the teeth, both centrals and the right lateral are so badly diseased that they should be removed as a general health protective measure. While the molars responded positively to vitality tests, I think the mandibular first molar and maxillary second molars have diseased pulps, as evidenced by the periapical sclerosis of the mandibular first molar and widened periapical space of the lingual root of the maxillary second molar. I am assuming that the maxillary first molar was lost early in life.—GEORGE R. WARNER.

Discolored Gingivae

Q.—I have a patient, a woman about thirty, whose gingivae are turning to a bluish-brown color. She has a clean, healthy mouth otherwise.

I should be glad to have you advise me what you think this condition is, and to suggest a treatment.—R.M.B., Montana.

A.—If you have had this patient under your care for some time and have seen her gingivae changing from the usual pink to the bluish brown, and she has no gingivitis or periodontoclasia, I would suspect the color of the gingivae to be a result of metal poisoning or some type of medication. If the patient is a brunet, the coloration of the gingivae could be a natural pigmentation. I have seen many patients who fit the description of your case.—GEORGE R. WARNER.

Paresthesia

Q.—Five months ago I made a mandibular block and broke off a third molar which had moved forward. I probed for the root. I also removed a bicuspid at the same time, and used a mucofold injection around the mental foramen. There may have been alcohol on the needle.

I do not know if the root is still in place, but the jaw is still numb. What do you think of the prognosis of this case?

The condition seems to show some improvement. My opinion is that I probed into the inferior dental canal as it bled profusely at one time; then seemed to stop after swabbing.—J.R.J., Oklahoma.

A.—Paresthesia following injury to the inferior dental nerve usually clears up within six months. If the injury is severe, the paresthesia may last longer or be permanent. In many years of practice, however, I have seen only two cases in which the conditions were not normal in a year.—GEORGE R. WARNER.

Achlorhydria

Q.—In a past issue of ORAL HYGIENE I noticed the letter of inquiry and your answer under the heading "Hydrochloric Acid." The letter stated that the patient previously had had a nervous breakdown.

Several years ago I had a patient, a woman, who also had had a nervous breakdown. I noticed first that there was no enamel at all on the lingual of the four anterior upper teeth. The lowers lacked an eighth of an inch of being able to touch them. Later I noticed that her gold inlays were not flush with her teeth. It appeared that about a third of the enamel had disappeared or worn away evenly so that if the inlays had not been there it would not have been noticeable.

This patient spent several years in institutions for mental patients. The item in your department makes me wonder if there could have been any connection between the two conditions.—C.L.B., Wyoming.

A.—It is likely that the condition of enamel of which you write resulted from the patient taking hydrochloric acid. It was probably prescribed in an effort to help build up general health after a gastro-intestinal examination showed a deficiency. Whether the nervous breakdown was in causal relation to the achlorhydria is a moot question and would have to be referred to a neurologist. So far as I know, there is no connection between the two conditions. — GEORGE R. WARNER.

Extraction After-Effects

Q.—A patient of mine, a woman 48, complained of pain in the left side of her face. She thought it was caused by a tooth, but could not determine which tooth was sensitive.

I examined her teeth and found a small cavity in the distal of the lower left second bicuspid. This did not seem to be sensitive, nor did it seem to be the one causing the terrific spasmodic pains. I sealed clove oil in the cavity and prescribed medicinal packs along the upper and lower posteriors. I also had her use hot, wet Epsom salt packs on the outside of the face for fifteen-minute durations.

Three days later, the pain had localized in the lower left second molar. This tooth was sensitive to tapping so I diagnosed it as a hyperemic pulp. It did not show any sign of caries. When I started to extract the tooth, I could not loosen it easily. I had to exert much pressure lingually-buccally to even loosen it a little. The crown broke off and then the removal of the roots was simple. In examining the crown, I found the pulp tissue black.

The toothache disappeared after the extraction, but the next day the patient called to tell me she could not open her mouth wide enough to get a piece of bread between her teeth. I advised hot Epsom salt packs again but this gave no relief. During the attempt to remove the tooth with the forceps, the patient's jaw relaxed suddenly. I attributed this stiffness to that sudden relaxation of the jaw muscles.

There was a slight swelling in the area of the second molar and a sore spot under the angle of the jaw. The hot poultices did not relieve this condition. Finally the patient went to her physician who used diathermy which gave relief from this condition and finally enabled her to open her mouth normally again.

What caused this stiff jaw? Why did not the condition respond to the hot, wet applications? Did she suffer from a dislocation? If a dislocation occurred, why was there no pain and swelling in the area of the joint in front of the ear? In my twenty-five years of practice, I have never seen a dislocated jaw. —G.J.T., Wisconsin.

A.—Your patient did not have a dislocation of the mandibular joint. If she had had, she could not have closed her jaw again without help from you to force the condyle down and back over the eminentia. This can best be done under a general anesthetic to relax completely the muscles.

The stiffness of the jaw was no doubt the result of strain and injury to the capsular ligament and of muscle trismus. The swelling and soreness of the jaw was no doubt the result of the injury to the alveolus.—V. CLYDE SMEDLEY.

Immediate Dentures

Q.—I recently completed an immediate full upper denture. I removed a small amount of the process. An upper left molar socket was slow in healing. I opened the bite slightly in this case. The patient wore the denture about a week and then returned to the office complaining of pain in the ear, and also of a hemorrhage.

On visiting a physician she informed him regarding her denture, but he did

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Justi-facts

57

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437. Despite authoritative recommendation, commercial cleaning fluids such as Atlantic Safety Clean are not safe for use with Denta Pearl Teeth. Upon heating, the contained carbon tetrachloride can cause straight line checks to the teeth and denture material.

438. The only safe wax eliminator is Denta Pearl wax solvent, which is a solution of ether in a harmless low-volatile base.

439. Overwhelming reports of lower denture retention confirm all claims for Muco-Seal impression material, but some poor results in the uppers are due to underextension of the periphery.

440. Muco-Seal impression material will not flow or displace tissue of its own accord; that is its main advantage, so—it must be placed into position by means of a loose fitting tray.

441. This tray must be fully extended, not overextended, but definitely not underextended.

442. Many inquiries ask about value of water, vapor, or air processing of denture material. Let us understand that the water or vapor or air merely transmit heat — do not affect the processing or the physical characteristics of the material. The whole thing is a time-heat factor.

443. 158° 60 minutes; 212° 30 minutes still stands as best method.

not consider this factor to be important.

Do you think that the preparation, insertion, and wearing of this immediate denture had any bearing on the ear condition?—A.T., Illinois.

A.—I insert many immediate dentures, and I frequently open the bite if the remaining teeth to be extracted have permitted a closure of the normal bite through wear or shifting. I do not recall a similar case of ear pain following denture insertion.

I would be inclined to assume that there is no connection between the denture service and earache or hemorrhage. You do not, however, make it clear about the hemorrhage; whether it was from the ear or the molar socket.—V. CLYDE SMEDLEY.

Hypertrophied Tissue

Q.—Enclosed are roentgenograms of the right and left mandibular second molar regions of one of my patients. This patient has a growth of tissue on both sides of the mandible one-fourth inch higher than the rest of the mandibular tissue. It is hard but movable, and it does not bother her. She must have all of her teeth removed.

Will it be safe to remove this hard tissue for dentures without reoccurrence of this growth? This growth is only directly on the posterior ridges.—W.H.W., Texas.

A.—The hypertrophy of the soft tissue of the mandibular ridges is in all probability a benign condition. But to protect the patient and yourself, it would be wise to have a biopsy made before removing this tissue.

From the depth of the excess tissue, which can be clearly seen in the roentgenograms, it will be necessary to remove the major portion of it before a denture can be made. —GEORGE R. WARNER.

"Cracking" of Jaws

Q.—I have a patient, a woman 52, who experiences an unusual "cracking" and "popping" of her jaws when she is eating. It is annoying to herself and to others. It is more noticeable on the left upper side of the temporomandibular joint than on the right side.

Roentgenograms have been taken, and the teeth have been checked and all are in normal occlusion.

I shall appreciate any information you are able to give me on this condition.—H.M.W., Kentucky.

A.—In a case such as you present we roentgenograph the teeth and the temporomandibular joints, and examine the mouth carefully for infection. We also have the tonsils and sinuses checked for infection. We then do what you have done, examine the occlusion carefully to see that it is well balanced. Missing molar teeth on one side of the mouth can upset the occlusion enough to cause "cracking" or "popping" of the joints.

A disturbance in the temporomandibular joints can come from infection, particularly in the location of the joints; from malocclusion, when most of the teeth are in place; and from loss of teeth and vertical dimension.—GEORGE R. WARNER.

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*Henry Welch, Clifford W. Price, Velma L. Chandler, J.A.M.A. 128:12:845, July 21, 1945.

Laffodontia

Blonde: "I am going on a picnic with a sailor. What do you think I should take?"

Friend: "Care."

★

She: "I'm simply wild about a yacht."

He: "Er, how do you act on a motor boat?"

★

The police in Portland recently received this note through the mail: "The guy who lives next to the police station is a crook and ought to be prosecuted to the fullest extent of the law. I cracked his safe last night and found it full of black market gas coupons."

★

She: "I'm all made up to kiss. What are you waiting for?"

He: "For the paint to dry."

★

"Time tells on a man—especially a good time."

★

Much to her mistress' dismay, the maid informed her that she had completed her welding course and was reporting for work on the afternoon shift. Fortunately, a new maid was hired before time for the master to come home for the evening.

On his arrival, he was met at the door by the new maid and, handing her a bunch of roses, he said:

"Please give these to Mrs. Brown and tell her I want to see her at once."

Maid: "All right, but you better make it snappy, because she expects the old man any minute now."

Man: "Why do you weep over sorrows of people in whom you have no interest when you go to the movies?"

Wife: "I don't know. Why do you cheer loudly when a man with whom you are not acquainted slides safely into second base?"

★

Doctor: "Don't you know that kissing is a good way to catch germs?"

Girl: "Good! why it's perfect!"

★

Overheard on bus:

Stout Lady: "She's the kind of woman whose husband likes to go fishing."

★

Captain: "Have you cleaned the deck and polished the brass?"

Sailor: "Yes, sir, and I've swept the horizon with my telescope."

★

A Scotsman upon entering a saddler's asked for a single spur.

"What use is one spur?" asked the man.

"Well," replied Sandy, "if I can get one side of the horse to go, the other will have to come wi'it."

★

Broad-mindedness is the ability to smile when you suddenly discover that your roommate and your girl are both missing from the dance floor.

★

"Gee, Jimmy, when I went by your house this morning I heard someone swearing something awful."

"Aw, that was just my dad. He was late for church and couldn't find his hymn book."

"MY PET PATIENT," writes Dr. L. A. L., "has not one but *two* sets of twins—and both pairs accompany mamma on every visit. By the time the quartet has finished blitzing my office, I'm ready to start a Society for the Prevention of Multiple Births.

"Otherwise, my patient couldn't be improved on. When I told her that only one dentifrice contains sodium ricinoleate to peptize adherent mucin and make it more readily removable with a brush, she said,

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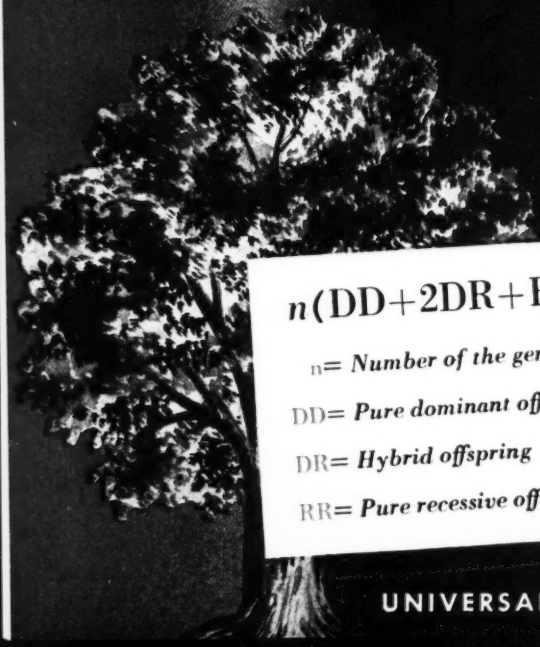

$$n(DD+2DR+RR)$$

n= *Number of the generation*

DD= *Pure dominant offspring*

DR= *Hybrid offspring*

RR= *Pure recessive offspring*

RESEARCH HAS SHOWN CONCLUSIVELY THAT THE "FAMILY" SIMILARITY OF TEETH PERSISTS THROUGH GENERATIONS AND IS GOVERNED BY THE LAWS OF HEREDITY

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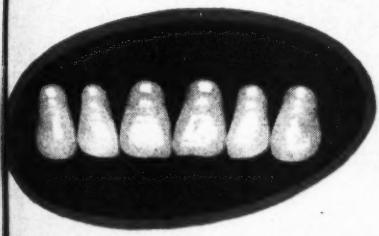

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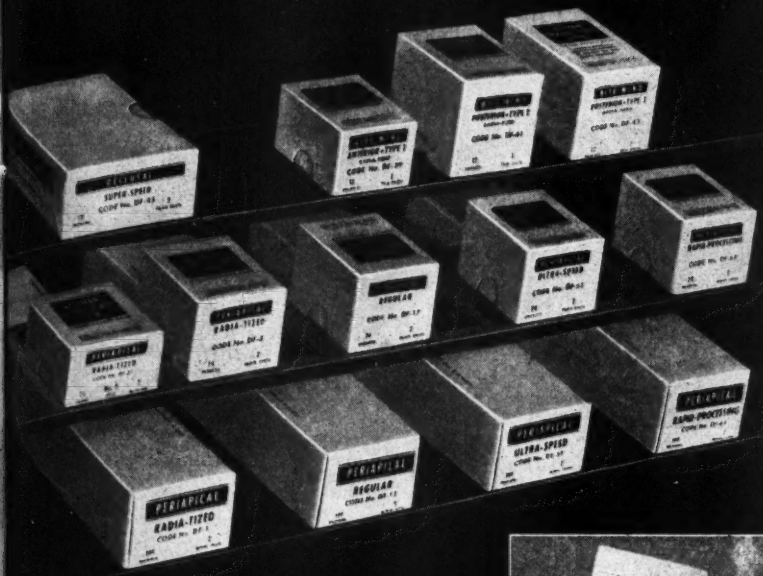

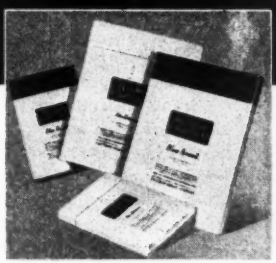

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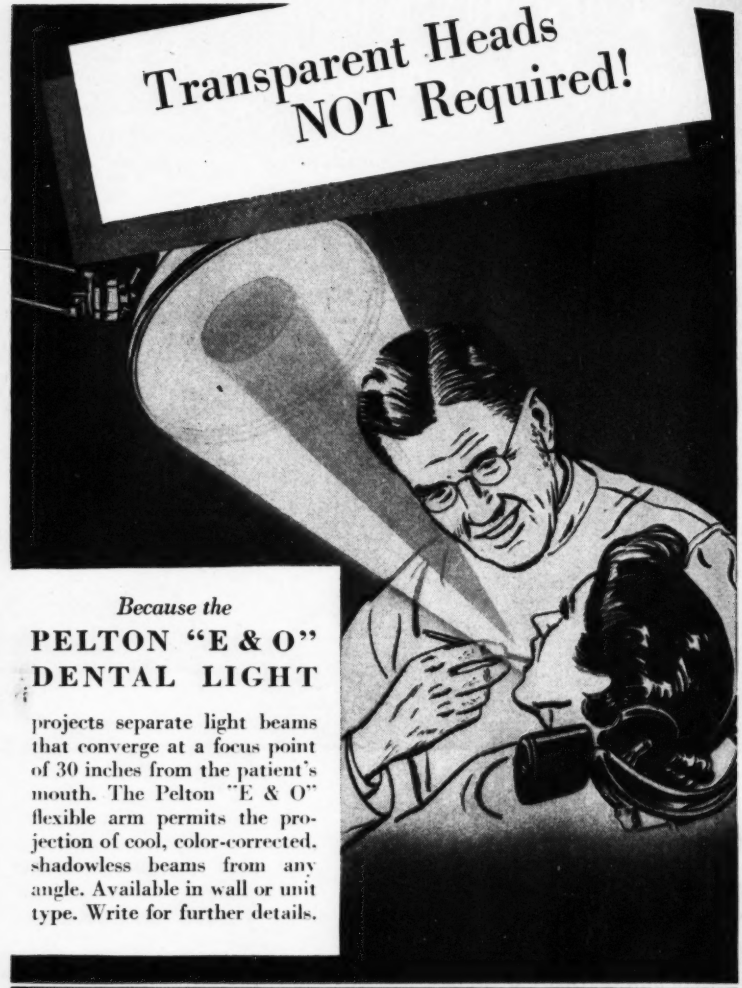

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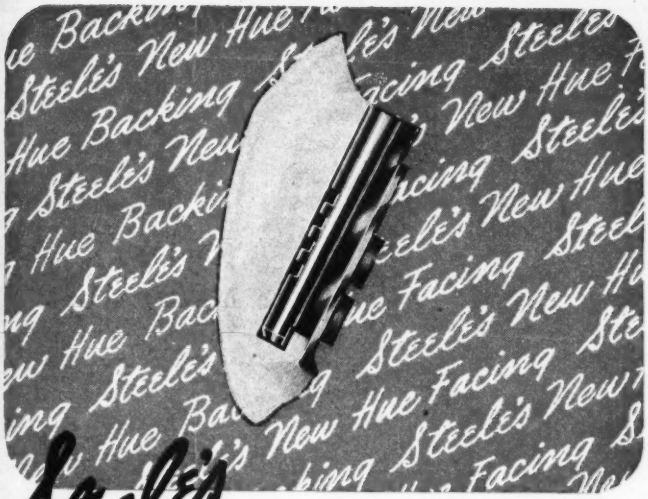

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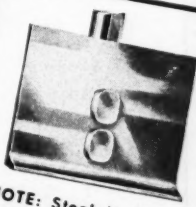

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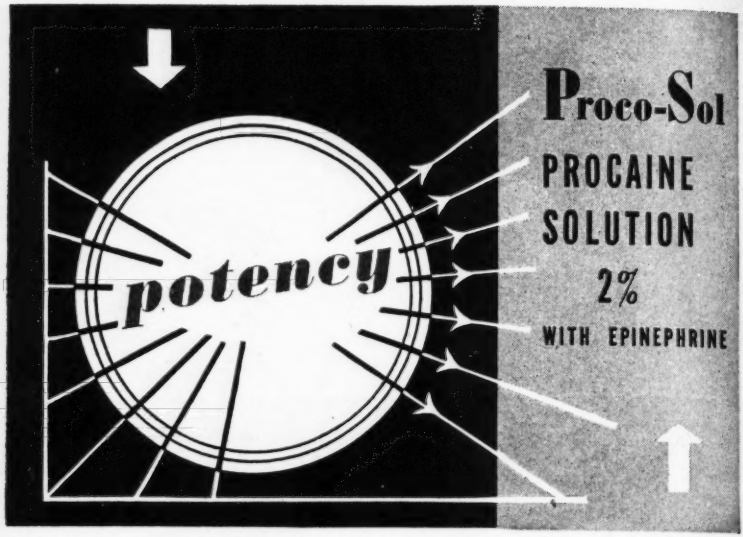

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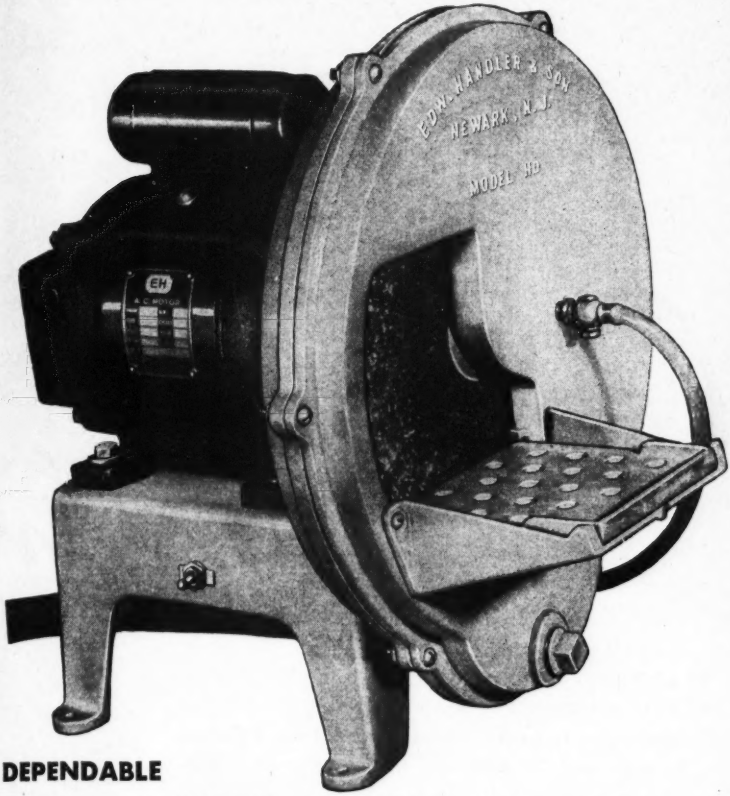

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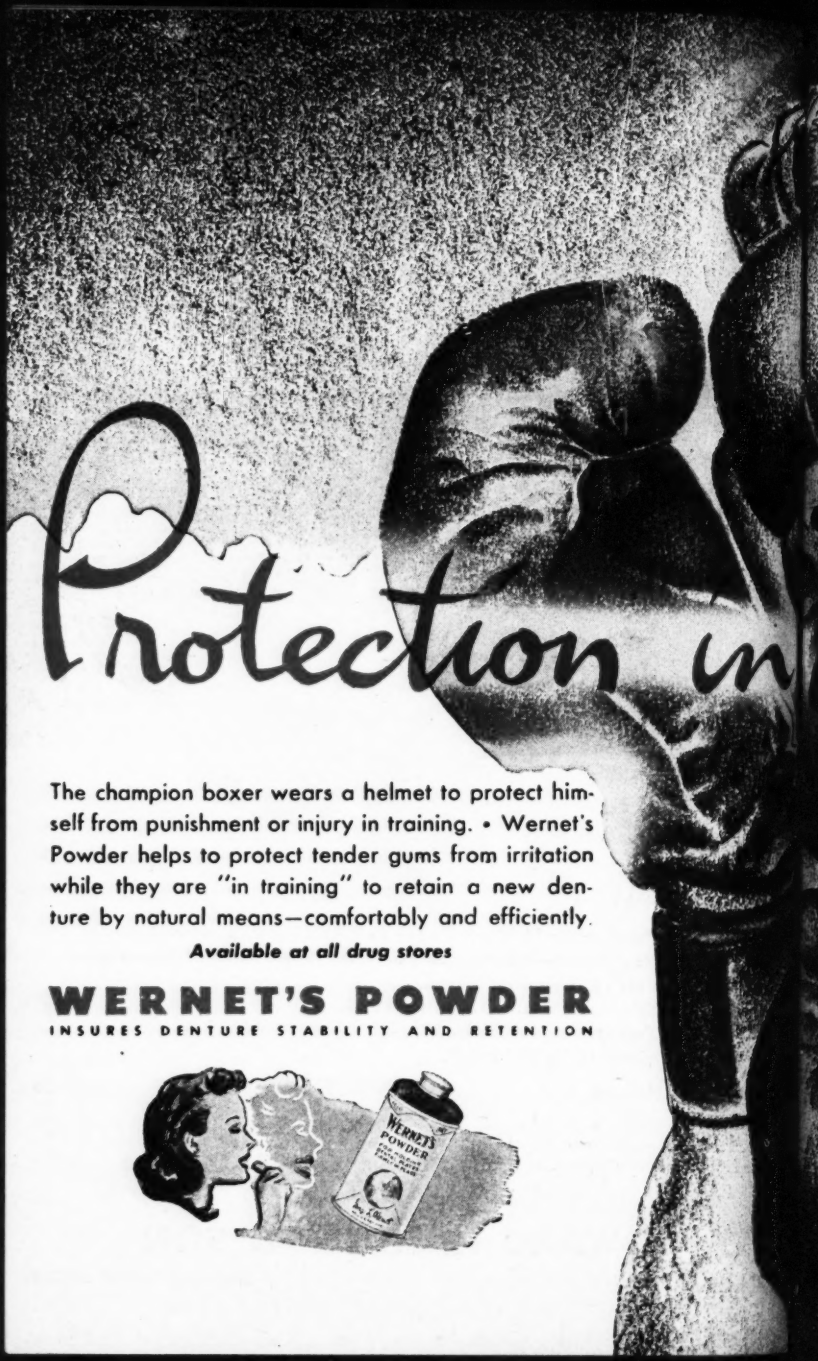

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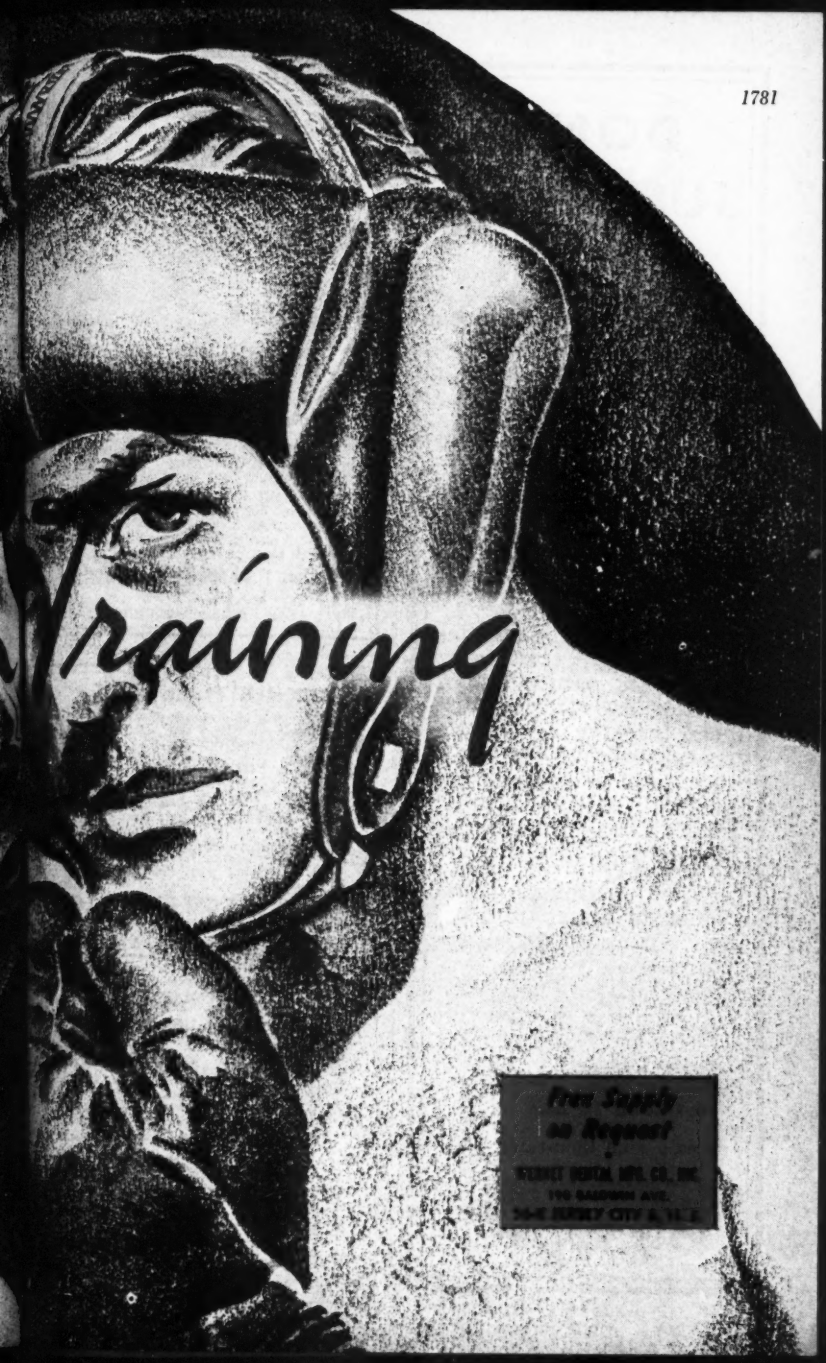
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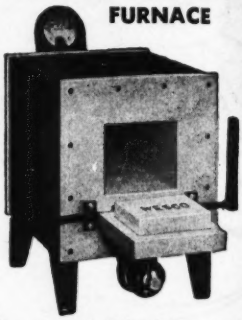

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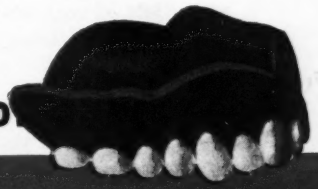

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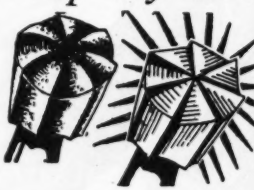

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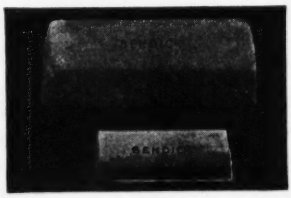

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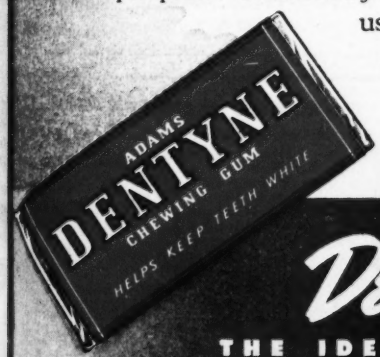

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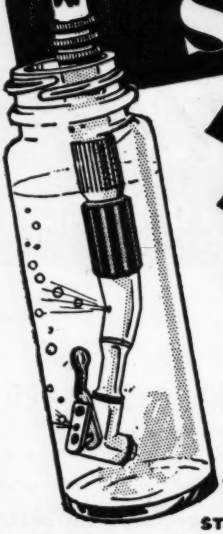

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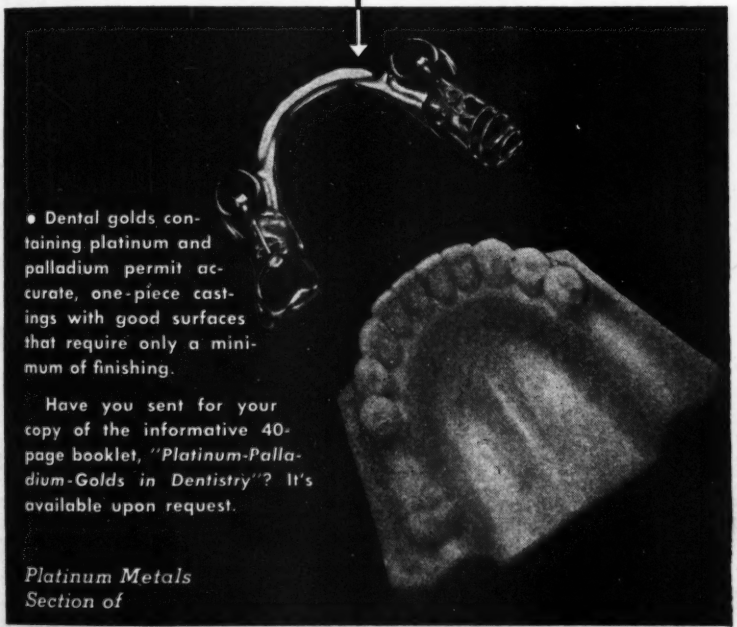

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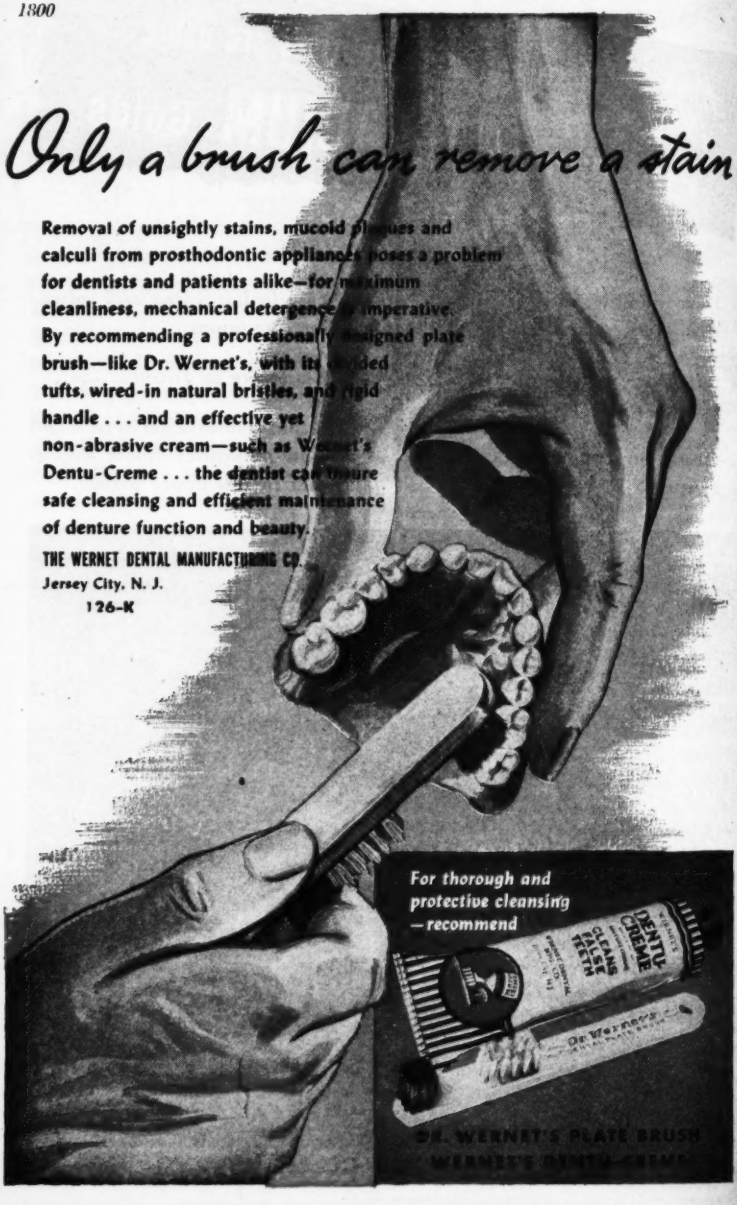
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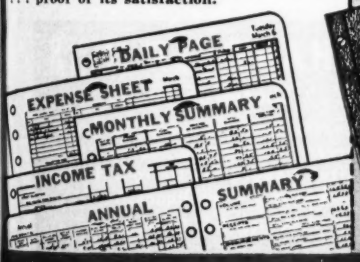

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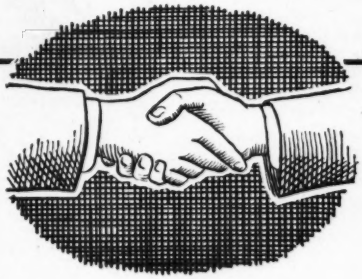

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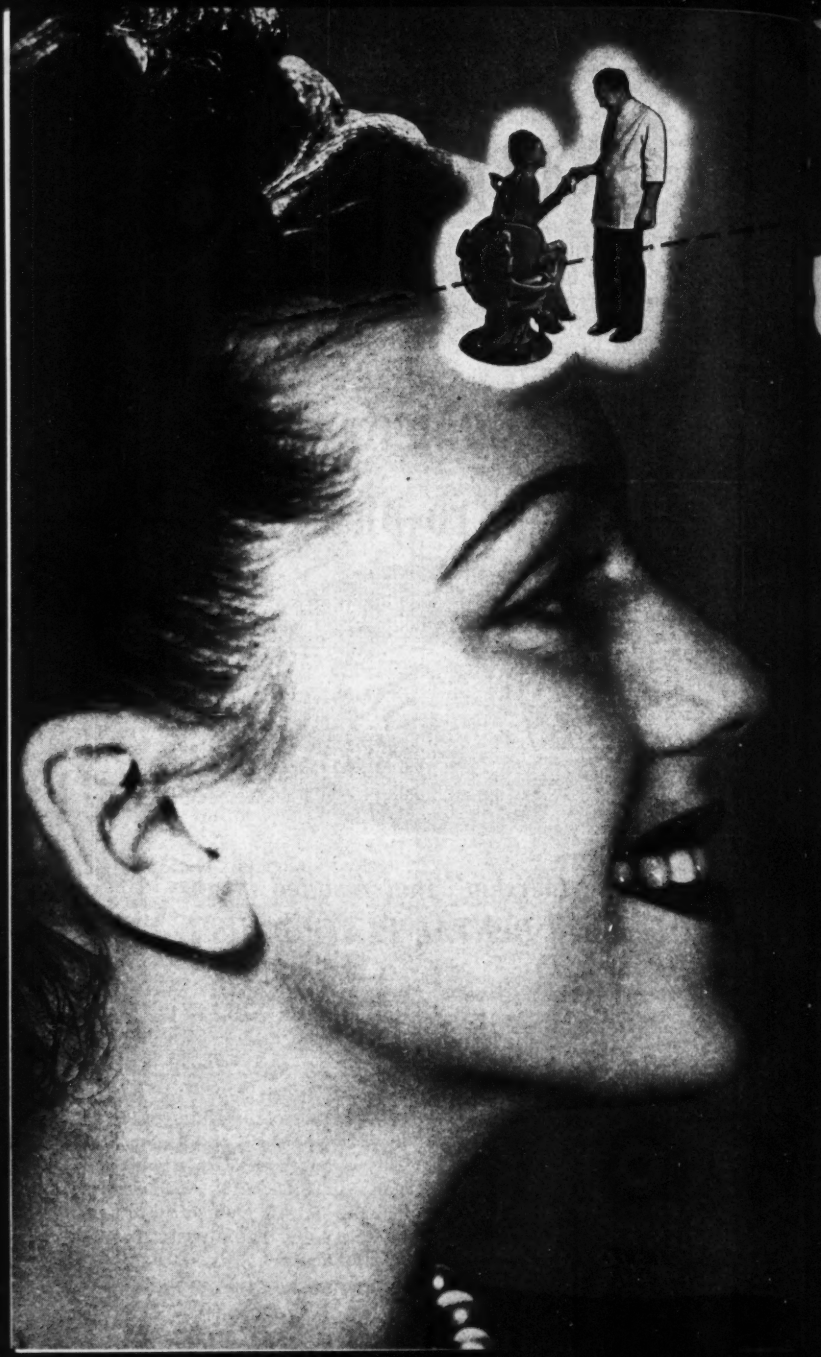
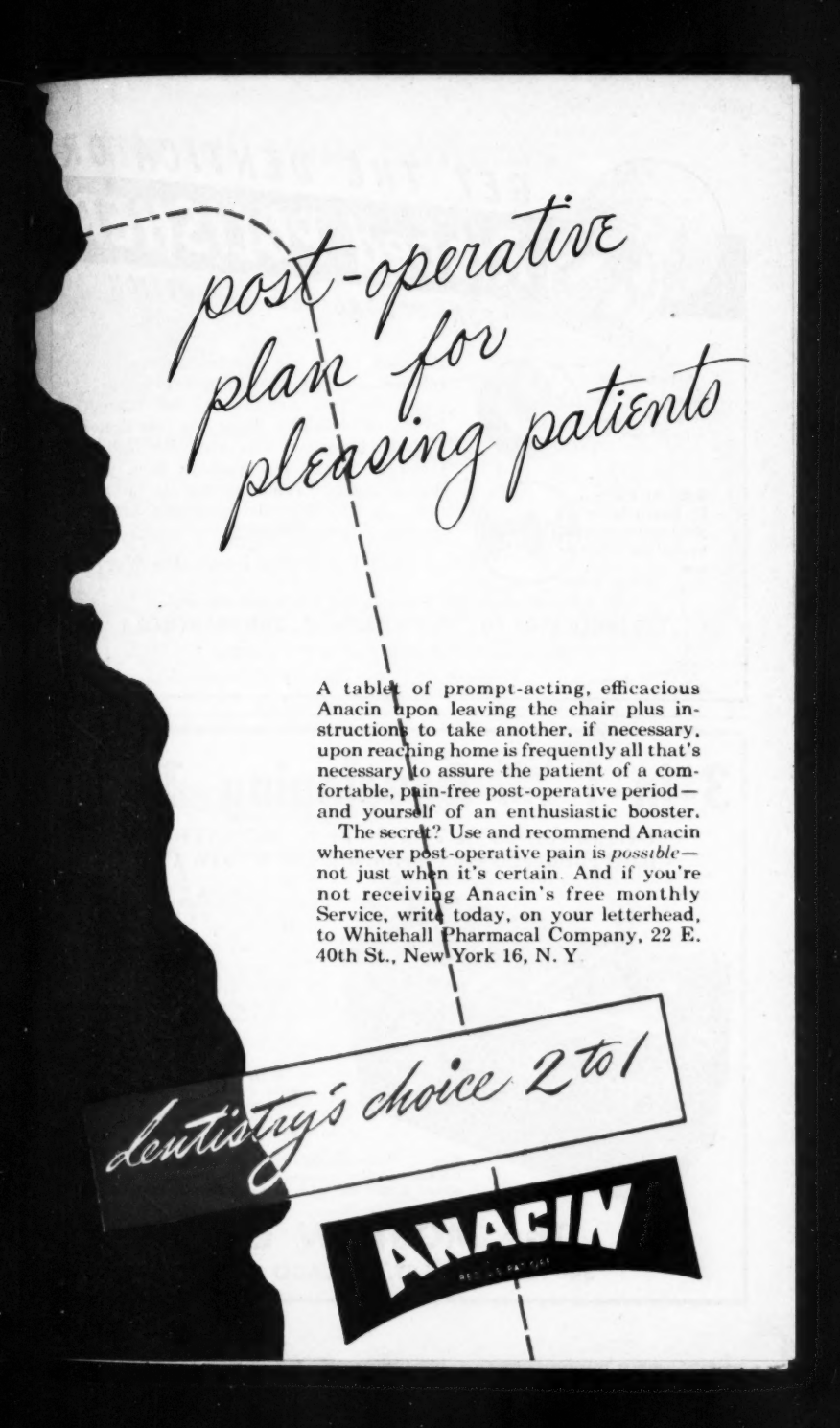
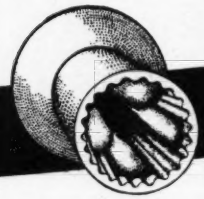
Indoctrination of denture patients in the practice of good dental plate hygiene will pay you dividends in extra good will. You can confidently recommend the Pro-phy-lac-tic Dental Plate Brush.

PRO-PHY-LAC-TIC BRUSH COMPANY
Florence, Massachusetts

Backed by over 60 years' experience in the field of Dental Hygiene




post-operative
plan for
pleasing patients
A tablet of prompt-acting, efficacious Anacin upon leaving the chair plus instructions to take another, if necessary, upon reaching home is frequently all that's necessary to assure the patient of a comfortable, pain-free post-operative period—and yourself of an enthusiastic booster.
The secret? Use and recommend Anacin whenever post-operative pain is *possible*—not just when it's certain. And if you're not receiving Anacin's free monthly Service, write today, on your letterhead, to Whitehall Pharmacal Company, 22 E. 40th St., New York 16, N. Y.
dentistry's choice 2 to 1
ANACIN



GET THE DENTICATOR Ribbed POLISHER

FOR CONTROLLED LIP-ACTION

"Controlled" lip-action, under free margin of gums, without injury.

Snaps on protective mandrel. Saves your regulation handpiece from wear.

Patented heavy rib construction prevents collapse of cup, so that lip works effectively under the free margin of gums, without injury. (*See Cut.*) Only the Denticator Polisher gives you this exclusive feature. Order an economical package from your dealer, today. You'll experience a new thrill in cleaning and polishing teeth—quickly, safely, efficiently.

START TODAY—THE DENTICATOR WAY

Write us direct for free sample unit; cup and mandrel.

THE DENTICATOR CO., 1055 MISSION ST., SAN FRANCISCO 1

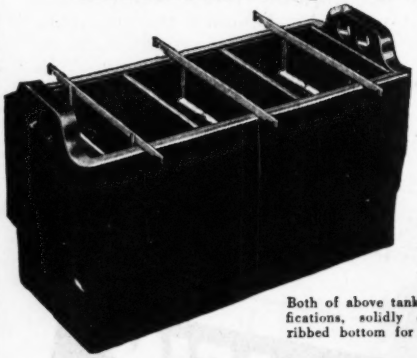
Manufacturers • Distributors • Exporters

Prophylactic Dental Specialties

3-in-1 Dental X-Ray Developing Tanks

Overall size 16" x 7" x 9" of hard rubber; 3 compartments

SENSATIONAL NEW LOW PRICE!



If your present tank is about "shot" . . . if you intend to get a new one even far in the future . . . *it will pay you to buy this developing tank now, and store it!*

In every way, "the buy of a lifetime." Easily worth $9.95.

Sent prepaid anywhere in U.S.A., while they last, at low price of only **$2.95** (less hangers)

If you can use a smaller tank of same quality . . . 10¾" x 7" x 7¾" high, also 3 compartments, we will ship prepaid anywhere in U.S. for only **$1.95**

Both of above tanks were built to exacting government specifications, solidly constructed with reinforced corners and ribbed bottom for extra strength. ORDER TO-DAY.

The MOSTOW Co.

540 N. LA SALLE ST., CHICAGO 10, ILL.

We tell your patients of your accomplishments!

Broken tooth spoiling your appearance?

Like the movie stars do, you can have that broken tooth camouflaged so perfectly no one will detect it! Over the injured tooth your dentist can fit a jacket crown . . . that exactly matches your other teeth in color and shape. And what a difference it makes in your looks! Today dentistry can work wonders to make your smile more attractive! And daily brushing with Pepsodent Powder can make your smile far brighter!

In Sunday Newspapers—with advertisements reaching more than 62 million people . . . Pepsodent tells *your patients* what you can do to improve their health and appearance. This educational campaign features modern dental accomplishments in straightening teeth, recapping defective teeth, fitting bridges.

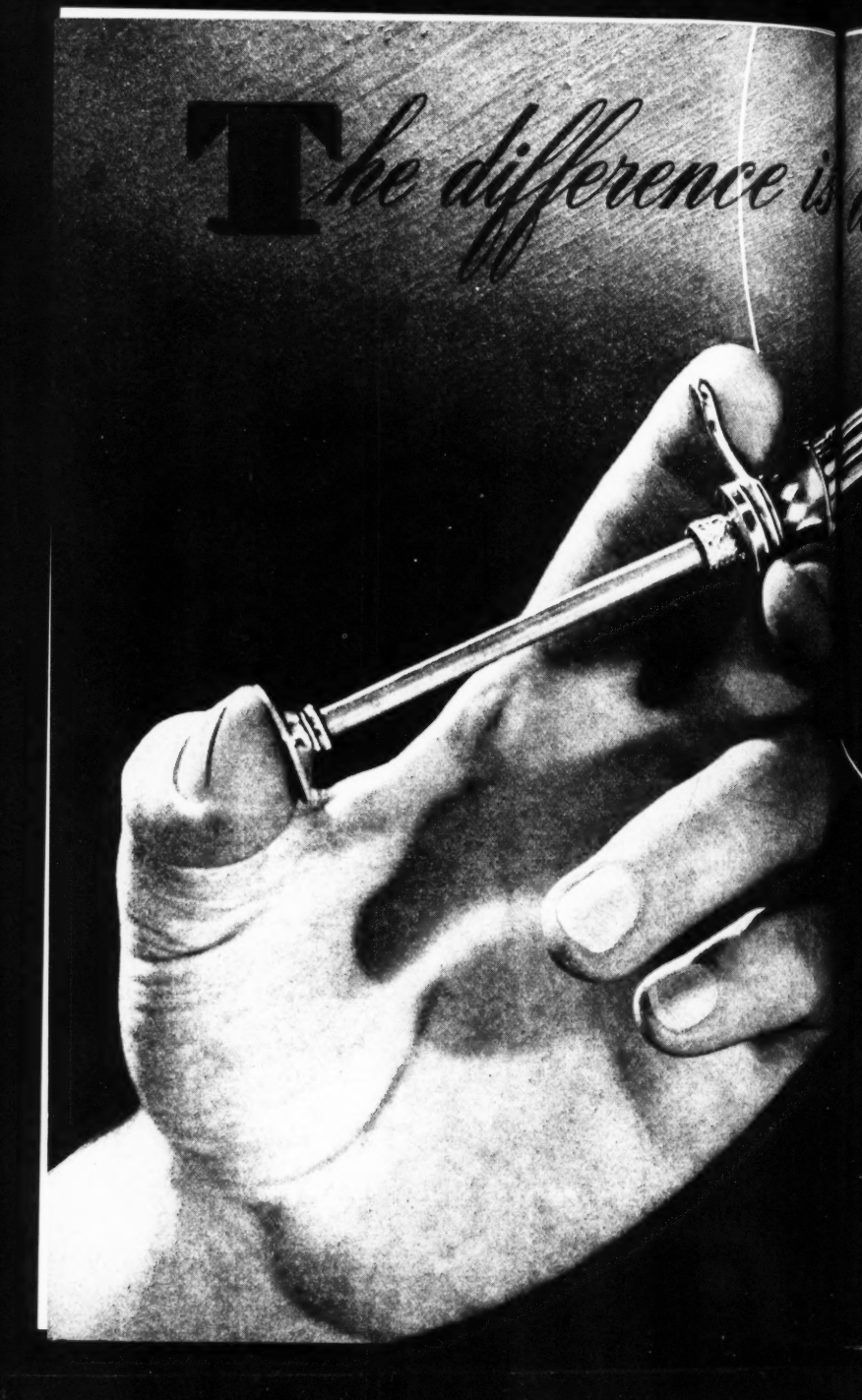
On the Radio—the 35 million listeners of the Bob Hope show are counseled "See your dentist twice a year."

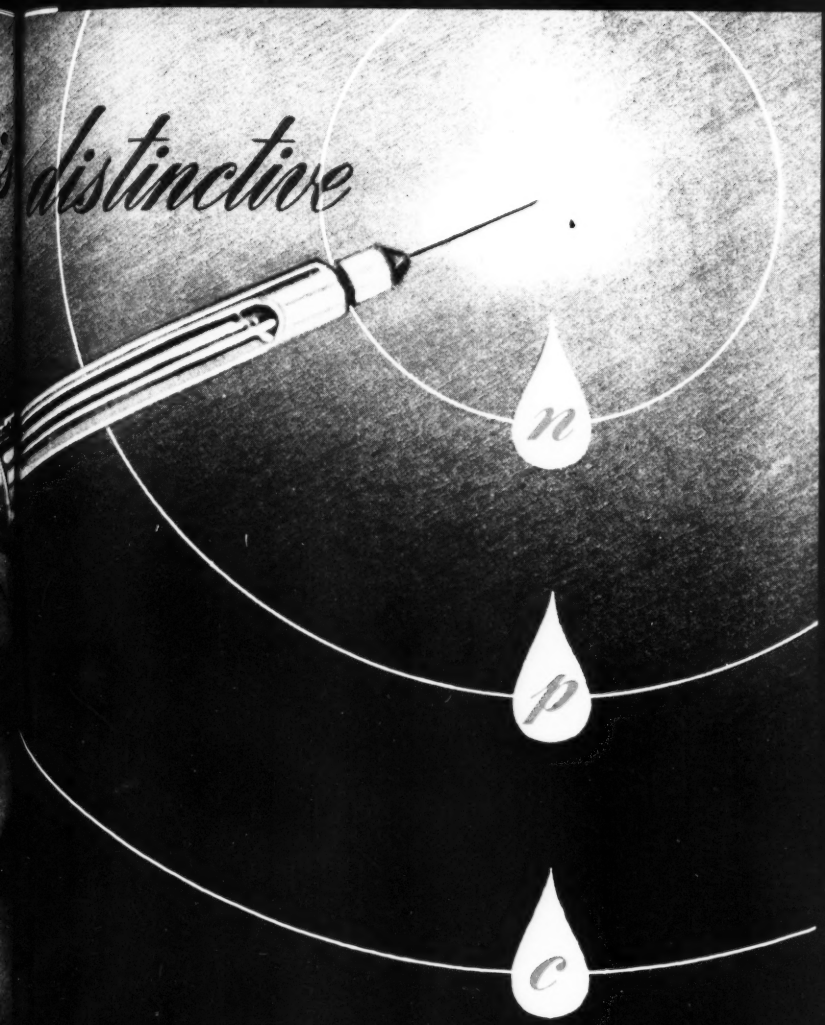
In Magazines—Pepsodent ads feature the slogan "See your dentist twice a year" . . . as they have for the past 18 years.

Through the years—Pepsodent has sought to serve the dental profession and the public . . . convinced that its own progress is linked with the dental welfare of the nation.

Pepsodent DIVISION OF LEVER BROTHERS COMPANY

PEPSODENT TOOTH PASTE • PEPSODENT TOOTH POWDER
PEPSODENT TOOTH BRUSH • PEPSODENT ANTISEPTIC


The difference is



NOVOCAIN-PONTOCAINE-COBEFRIN

deeper anesthesia, longer lasting anesthesia without added vasoconstrictor

170 VARICK STREET, NEW YORK 13, N. Y.
Laboratories: Wheeling, W. Va. & Springville, N. Y.
Cobefrin, Novocain, Pontocaine Reg. Trademarks
Winthrop Chemical Company, Inc.

COOK-WAITE Laboratories, Inc.

USE LAVORIS For Canker Sores

Dilute half water and apply with cotton

Reminder of the month . . . equipment in good running order?

ALL A. C. CLARK EQUIPMENT PARTS

We can still supply new cuspidor waste and supply tubing. Send us your old connections. We will attach new tubing. Prompt, guaranteed service.

Complete stock of parts. Skilled workmanship. Your old outfit reconditioned like new. Ask for an estimate.

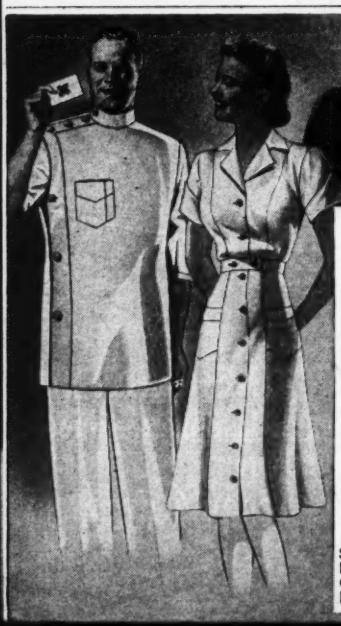
GLAZBROOK BROS. DENTAL SERVICE SHOP
7046 Wentworth Avenue Chicago, Ill.

1000 BUSINESS CARDS
Thermographed on the Finest Quality Parchment Stock $5.95

1000 PROFESSIONAL LETTERHEADS
Billheads or envelopes printed on 25% Rag Bond $5.95

Samples on Request

JULES PRESS, 55 WEST 42ND ST., NEW YORK 18, N. Y.



FOR GOOD LOOKS AND GOOD WEAR
Angelica SMOCKS AND UNIFORMS

Smart, fine-fitting • Add to the "professional" appearance. • Fine quality makes for longer wear • Fully guaranteed • Free delivery in the U. S. if full payment accompanies order.

SMOCK—ORDER No. 41 TD 8. Sturdy White Twill with pleated back and indestructible knot buttons. Sizes 34 to 48. each $2.49

UNIFORM—ORDER No. 31 TD 219. Princess style. Opens full length, with sewed on white bone buttons. Detachable belt. White Twill. Sizes 30 to 46. $3.13 each

Prices subject to change

ANGELICA WASHABLE UNIFORMS
Order from Our Branch Nearest You

ST. LOUIS.....1414 OLIVE STREET
NEW YORK.....107 W. 48th ST., DEPT. N
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LOS ANGELES.....1101 S. MAIN ST., DEPT. L

DENTIST'S DREAMS . . . CAN COME TRUE

When you buy a dental x-ray unit . . . . you make a major decision about a major asset to your dental practice. And to be sure that your x-ray unit will be a *lasting* asset you naturally choose a unit for its appearance, its ease of operation, and its reputation for long-lasting satisfactory service.

The G-E Model *CDX* is just such a unit. Its compact size and neat appearance make it ideal for every type office or clinic. Its ease of operation is a joy for those just beginning their own practice as well as for experienced dentists. Best of all, it produces easy-to-diagnose radiographs for years and years without the constant attention of a service man.

Give yourself the lasting satisfaction of this dental x-ray unit . . . . select your *CDX* now . . . you'll find in it that plus-quality difference you have a right to expect in all General Electric equipment. *For complete information on the* CDX, *write General Electric X-Ray Corporation, 175 W. Jackson Blvd., Chicago 4, Illinois, Dept. 2580, or see your dental dealer.*

GENERAL ELECTRIC X-RAY CORPORATION

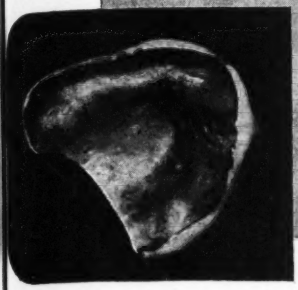
Reaches Back Molars

Why make toothbrushing so difficult when it can be so easy? A simple demonstration suffices to prove that the new SQUIBB *ANGLE* TOOTHBRUSH reaches all exposed tooth surfaces with a minimum of effort. When you recommend the brush with the unique mouth-mirror angle to your patients, you point their way to a simplified brushing technique and an improved oral hygiene.

SQUIBB *A name you can trust*

E. R. SQUIBB & SONS, N. Y. MANUFACTURING CHEMISTS TO THE MEDICAL AND DENTAL PROFESSIONS SINCE 1858

ENHANCE YOUR PRESTIGE . . and YOUR INCOME . . BY PROVIDING THIS



Incomparably Superior DENTURE SERVICE

It may be that not all your denture patients—perhaps only a few of them—will feel that they can afford the luxury of a Dresch-built Replicast denture. But those who do will enjoy a degree of physical and mental comfort and lasting satisfaction that far outweighs the extra cost involved.

In perfection of adaptation, in maintenance of tissue health, and in permanence of retention, the modern precision-cast metal base provides a quality of denture service far beyond that attainable with conventional plastic base materials and processing methods.

The reasons for this superiority are stated briefly and clearly in a booklet which we shall be glad to mail you at your request. Send for it now, and judge for yourself the prestige and profit potentialities of this epochal advancement in denture service.

The Dresch Laboratories Company
1009 Jackson Street • Toledo 1, Ohio

Please send me your booklet "THE METAL BASE DENTURE"

Dr. _____

Street Address _____

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GOLD · PLATINUM · SILVER

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DENTAL MANUFACTURING DEPARTMENT

August 20,1946

Dear Doctor:

Although there is very little platinum mined in this country, during the entire war period, through international cooperation and our goverment's price control, the cost of platinum was maintained at $ 35.00 per ounce. However,since the war, the world-wide demand for this metal has been so great that we have been forced to pay steadily increasing prices until on August 6th, it was necessary to set our basic quantity selling price at $83.00 per ounce.

On May 6th, we were forced to raise the price of most of our platinum content alloys, and during July and August, it was again necessary either to make additional small increases in most of our casting golds, wires, band materials, etc., or use a substitute for some of the platinum content. Needless to say, we did not change our formulas and they will not be changed.

The increases are very small in most cases. Orthoclasp and Orthoclasp No. 2 Wire, being approximately 50% platinum, had to be raised considerably. However, most technicians who have completely eliminated clasp breakage and save so much time by casting against these 100% precious metal wires, claim it is still worth many times the comparatively small additional cost per clasp.

Obviously your dealer cannot stock a complete line of all manufacturer's golds. If he does not have our metals readily available, please send your order direct to us along with your dealer's name.

Sincerely yours,

BAKER & CO.,INC.

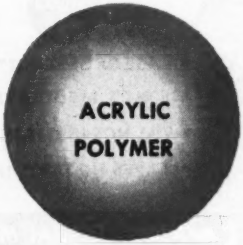
H.J. Russell

H.J. Russell
Mgr. Dental Mfg. Dept.

Every Dentist Should Know—

What Kerr has done to make dentures Tough and Precise

TWO DIFFERENT ACRYLIC PEARLS



Incomplete Absorption of Monomer—BRITTLE

Complete Absorption of Monomer—TOUGH

● By combining ethyl acrylate with the basic methyl methacrylate, Kerr produced in Crystolex 102 a co-polymer acrylic with such superior toughness that your completed denture is endowed with new ability to resist shocks of use and abuse.

Now this outstanding material has also been endowed with revolutionary BUILT-IN CURE CONTROL.

Dentures from Kerr Crystolex 102 now polymerize not by installments—thin sections first, thick sections later—but ALL AT ONCE. So your dentures come through free from internal strains—therefore, precise fits.

Specify Crystolex 102 and enjoy the benefits of these outstandingly better dentures.

KERR MANUFACTURING CO., DETROIT 8, MICH.

Established 1891

KERR CRYSTOLEX

Formula 102

SCIENCE REVEALS A NEW WONDER AID FOR OBTAINING PERFECT IMPRESSIONS

The development of a plastic emulsion that is merely added to water, and used with any alginate or plaster gum impression material, is now hailed as the long sought missing link in producing perfect full and partial denture impressions. The disclosure of this remarkable formula was recently announced by Coralite Research.

So amazingly effective is this sensational preparation, that it is acclaimed as an important achievement by those who have used this astounding plastic emulsion. It possesses remarkable properties which solubilize the mineral and bacterial content of the water normally used, and produces a homogenized process when brought in contact with alginate powder or gum plaster. When used with any of the alginate powders it results in a material that is heavy in body, tough, and resilient, actually resembling Hydro-Colloid in texture and appearance. When used with any of the gum plasters, a desirable creamy paste-like consistency is quickly achieved.

It makes possible an impression that is extremely smooth and silk-like, possessing a luster, yet accurately records every anatomical detail. EMULSENE will inhibit the setting properties of any type of impression material employed, eliminating the possibility of physical changes in the completed impression, even though the impression may be exposed to the air for any length of time.

EMULSENE is now available at $2.00 for an eight ounce bottle. Its remarkable performance is guaranteed to meet with your genuine satisfaction. Coralite Dental Products Co., 63 East Adams St., Chicago 3, Illinois.

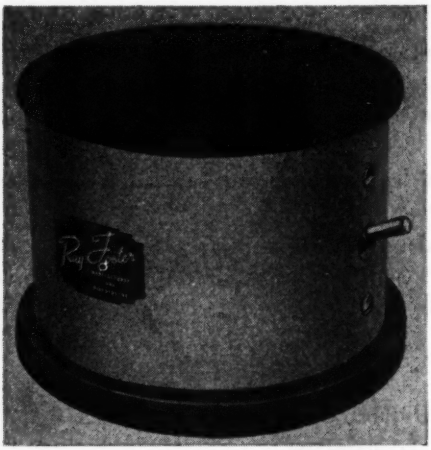
A GOOD STOPPING

Crescent Stopping

4 OZ. GLASS JAR $1.

- MADE OF BEST GUTTA PERCHA
- IS NOT MEDICATED
- WILL NOT IRRITATE TISSUE
- LEAVES NO TASTE IN MOUTH

Crescent DENTAL MFG. CO.
1839 S. Pulaski Rd., Chicago 23, Ill



"The Foster" VIBRATOR

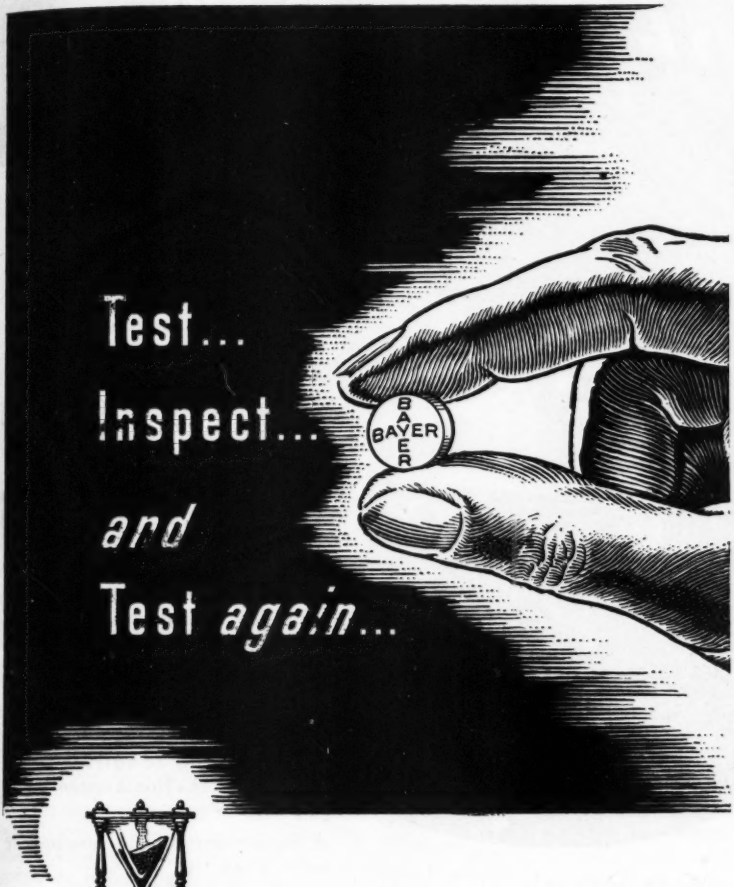
Heavy enough for the lab.
Light enough for the Dr.

1.—Controlled Vibration; 3 speeds
2.—Soft Cushioned, Will Not Jump
3.—Chrome Plated, Heavy Duty
4.—Water Proof Coil, Heavy Switch
5.—A Fixture For Your Office

Price $19.75

RAY FOSTER Dental Supplies

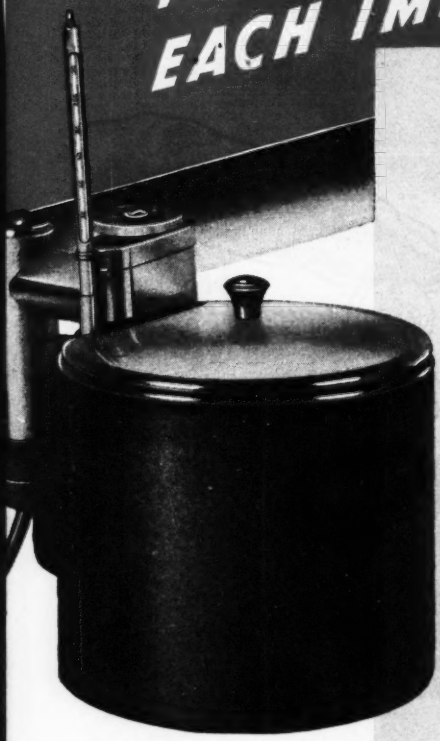
5417 West 6th Street LOS ANGELES 36, CALIF.



It takes more time and effort to make anything *better.* Bayer Aspirin goes through seventy different tests and inspections to insure its quality, purity, uniformity, and fast disintegration.

BAYER *ASPIRIN*

NEW PRECISION FOR EACH IMPRESSION



FROM Impression Material Headquarters comes this new Kerr Compound Heater, to serve you as you have never been served before.

This new Kerr equipment automatically heats fresh water from room temperature to 132° in 5¾ minutes. . . . Keeps its whole 2 quarts of water at uniform temperature within a half-degree. . . . Heats to whatever point you set its thermostat dial—from 100° to 212° — AND STOPS THERE. . . . Holds water at 132° for a full hour by using current for only 2 minutes. . . . Its efficiency provides fresh, clean water for each patient without losing you a moment's operating time. . . . Tempers hydro-colloid or softens any compound to precisely the ideal working condition. . . . Ensures you the finest impressions you have ever taken.

A highly worth-while investment for any Dentist!

Ask for our new folder "For Even Better Impressions".

KERR MANUFACTURING CO., DETROIT

Established 1891

KERR

THERMOSTATIC COMPOUND HEATER

(Supplied for 110-volt AC current only)

Spongy Off-Pink Gums usually mean

C-AVITAMINOSIS

In hemorrhagic gingivitis, "the most potent predisposing cause is avitaminosis C," say Bodecker and Cahn.[1] In this condition, "the possibility of a dietary deficiency of vitamin C must always be considered in conjunction with or in the absence of other causes."[2]

Sevringhaus finds that chronic avitaminosis C results in edema and retraction of the gum and in separation between the gum and the tooth. By addition of vitamin C to the diet, this picture is reversed and the gums are restored to normal.[3]

SODASCORBATE, the only sodium ascorbate in *dry, neutral* form, is ideal for the Dentist who wishes to prescribe vitamin C for long-continued use. Each tablet provides 100 mg. of vitamin C activity. The sodium salt of ascorbic acid helps to obviate gastric upsets, laxative action and acid-shifts that so often follow the use of plain ascorbic acid.

The average dose for adults is one tablet t.i.d.; or as indicated by the condition. For children under 12, one-half tablet t.i.d. May be dissolved in milk for babies and young children.

Supplied in bottles of 40, 100 and 500 tablets. For samples and literature sign and mail the coupon.

SODA-C

SODASCORBATE

VAN PATTEN PHARMACEUTICAL CO.
500 North Dearborn, Chicago 10, Ill. OH-10

Please send professional samples of SODASCORBATE and new monograph, "Vitamin C in Dentistry."

Dr. _____

Address _____

Town _____ State _____

[1]Bodecker, C.F. and Cahn, L.R.: in Wohl, M.G., *Dietotherapy*, Phil., Saunders, 1945, pp. 530-557.
[2]Colyer, F. and Sprawson, E.: *Dental Surgery and Pathology*, ed. 8, New York; Longmans, Green & Co., 1942, pp. 507 ff.
[3]Sevringhaus, E.L.: Am. J. Pharm. 115:238, 1943.

Two NEW Improvements

make this Applicator more valuable than ever

1 *A grooved ring* at one end of the Buffalo Dental Applicator enables you to distinguish between the medicaments in each cup.

2 Constructed of *stainless steel*, it is bright, enduring, and easy to keep clean.

Thousands of dentists depend on this *double-ended* dental applicator for swiftly and conveniently applying medicine to elusive cavities. A tiny cup at each end draws up just enough solution and deposits it exactly where you want it.

Choose between two sizes: No. 1—small, with cups 1.3 mm. in diam.; No. 2—large, with cups 1.7 mm. in diam. Price, either size, $2.25.

BUFFALO DENTAL
Manufacturing Co., Buffalo 3, N. Y.

NEARLY A CENTURY OF SERVICE TO THE DENTAL PROFESSION

1846 • THE 100TH ANNIVERSARY OF THE FOUNDING OF THIS BUSINESS • 1946

OUR long experience with Sodium Bicarbonate is emphasized by these significant events in dental progress and American history, which relate to the year of our founding, 1846. The reproductions are from a series of advertisements that have appeared in professional publications.

Our Sodium Bicarbonate brands, Arm & Hammer and Cow Brand, are among the dentifrices acceptable to the Council on Dental Therapeutics of the American Dental Association. They are widely available at low cost.

CHURCH & DWIGHT CO., Inc.

10 Cedar Street New York 5, N. Y.

1846 • THE 100TH ANNIVERSARY OF THE FOUNDING OF THIS BUSINESS • 1946

300 HELPERS

For valuable, helpful information on dental plastics, SEE *the sound and color motion picture* "LUXENE 44 and the Pressure Cast Process".

More and more dentists throughout the country are using the services of 300 Luxene Selected Laboratories to make their practice more satisfactory and more remunerative. They accepted clinical evidence, gathered from the laboratories' experience with thousands of cases over a period of years, that LUXENE 44 dentures would virtually end the breakage problem, would give better adaptations, would maintain their fit better.

These dentists tried ———— and learned from their own experience that LUXENE 44 dentures helped to enhance their prestige and further practice growth with better satisfied patients.

ask the dentist who prescribes

LUXENE 44

dentures

Leading periodontists acclaim the ingenious *twisted-handle* of the D.D. Tooth Brush. Set at a forty-five degree angle, it facilitates proper placement of the brush on the teeth... almost automatically insures desirable rolling up and down movement, for correct brushing and massage.

The unique non-skid thumb rest permits easy control of the compact brushhead for gentle, non-traumatizing gum massage.

The next time a patient asks your advice on choosing a tooth brush, recommend the D.D. Tooth Brush —it makes scientific brushing *easy*.

D.D.
DOUBLE DUTY
TOOTH BRUSH

A Product of Bristol-Myers Company, 630 Fifth Avenue, Dept. 4, New York 20, N.Y.

IT DIDN'T HURT

means more patients per day

MORE patients each day. . . less lost time . . . and increased prestige in the days to come are more important considerations than ever. You can get both through the use of analgesia equipment that encourages the co-operation of the patient you are treating. At the same time you build lasting good will.

THE HEIDBRINK AIRATOR represents a profitable investment that is solving today's demands on operative time for thousands of dentists. It is also an investment that will help establish your reputation as "the dentist who doesn't hurt." For the administration of Nitrous Oxid analgesia, including self-administration by the patient, the Heidbrink Airator is safe, simple and economical. Write for complete information explaining this technic of pain alleviation.

If your dental dealer cannot provide Heidbrink equipment and Ohio Gases write us, we will make arrangements to supply you.

THE OHIO CHEMICAL & MFG. CO.

GENERAL OFFICES: 60 EAST 42nd STREET
NEW YORK 17, N. Y.

In Canada: Oxygen Company of Canada Limited, Montreal and Toronto

Represented Internationally by Airco Export Corporation

THE OHIO CHEMICAL & MFG. CO., 60 East 42nd Street, New York 17, N. Y.
Please send complete information on your dental anesthesia and analgesia equipment to:

Name _____

Address _____

City _____ State _____ OH

Precision Castings

EVERY TIME..IN *LESS* TIME
WITH GRAY INVESTMENT
and R & R INVESTMENT PROPORTIONER

● As every user knows, in the simplicity of its mixing and investing technic, and its ability to stand rapid burn-out, Gray Investment saves precious time in casting. If the mix is accurate, the casting will be accurate, and free from surface or subsurface pits. And now the attainment of exactly the correct powder-water mix for any type of small cast gold restoration is made quick and easy by the simple, inexpensive Investment Proportioner shown in the foreground below. By its use, the casting procedure is further simplified, and precision results more positively assured.

THE RANSOM & RANDOLPH COMPANY
TOLEDO OHIO

● *A simple 2-position balance and a glass graduate assure accurate proportions quickly.*

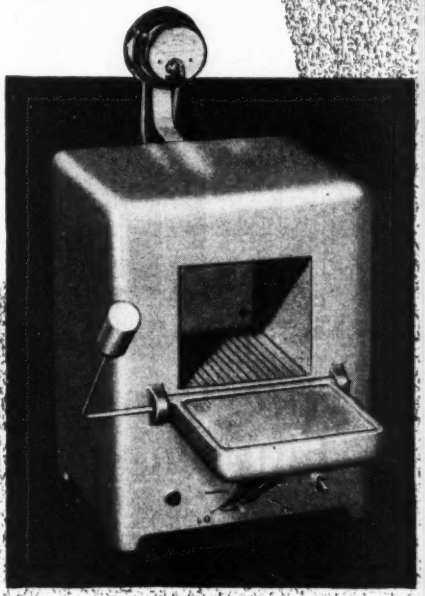
..and Here's that

ELECTRIC BURN-OUT FURNACE

You've Been Wanting

..*with* AMPLE FLASK CAPACITY..PROTECTED ELEMENT..REPLACEABLE MUFFLE UNIT.. *and* VARIABLE TEMPERATURE CONTROL!

● With room for 2 large or 3 to 4 medium-size partial flasks, or up to 12 inlay casting rings, and with muffle unit easily replaceable by user, this compact and light but sturdy furnace ideally meets the needs of the majority of operators. Even more gratifying is the protection from corrosion afforded by its concealed heating element, and the ability to maintain temperature at any point between 300° and 1500° F. Furnace operates on 110 volts A.C.; maximum consumption 11 amperes. Available for D.C. at slight extra charge. Supplied complete with pyrometer and thermocouple.



● *No exposed heating coils; element embedded in refractory lining, completely encircling chamber. Body one-piece aluminum casting. Overall size 17" high, 11½" wide, 11" deep.*

R&R

THE RANSOM & RANDOLPH CO.

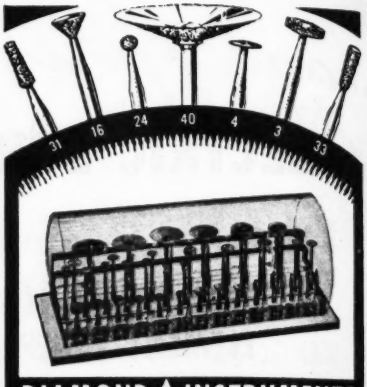
TOLEDO 1, OHIO

Fine Dental Equipment

is the pride of every dentist. Famous for their modern dental styling, beautiful mar-resistant dental finishes and fine dental quality.

Sanette Dental Waste Receivers are accepted as an important and preferred unit of equipment for the dental profession. Model T-30 illustrated is 25" in height, 9" square. At all leading dealers.

MASTER METAL PRODUCTS, Inc.
273-291 Chicago St., Buffalo 4, N. Y.



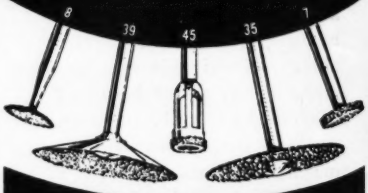
DIAMOND (R) INSTRUMENTS

Scientifically designed, and manufactured with precision accuracy to perform the precise requirements of the most exacting dentist. We believe, after using them that you too will notice a gratifying difference in your preparations, therefore this most attractive offer to induce you to try them:

Select any four, or more, instruments from our catalog and with your order we will present to you, *free of charge*, the above practical and beautiful transparent Lucite case and a year's supply of our Factory Instrument Cleaner.

We are confident, based on past records, that you will add to the instruments in your case after giving them a thorough test, because they are superior and

UNCONDITIONALLY GUARANTEED



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DIAMOND (R) INSTRUMENTS

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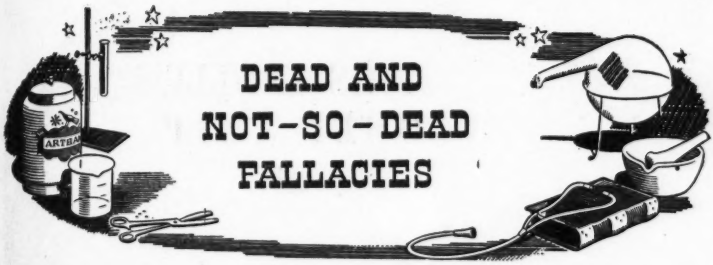

Once-trusted "cure" for asthma: An ash tree of about the same age as the patient was selected, and the patient led to it at midnight in moonlight. A nail was driven into the tree through the patient's braided hair, which was then cut off.

A fallacy that flourishes today is: Canned foods are made unwholesome by freezing. This has no foundation in fact. True, some foods may be changed in appearance by freezing. But their nutritive value is not affected.

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Ney FINISH LINE CLIPS, Gold or Platinum color to match the Wing bar you are using. Unit price: $1.50 per dozen.

Here is the Ney Wing bar as supplied, in gold or platinum color. The wings wrap over the crest of the ridge back of the first supplied tooth . . . cannot twist or pull out, assure perfect retention with least possible bulk.

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FOR EVERY USER OF THE . . .

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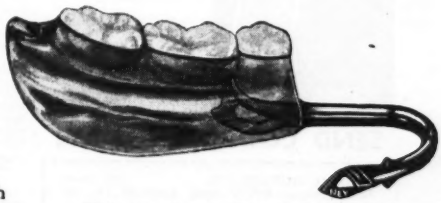

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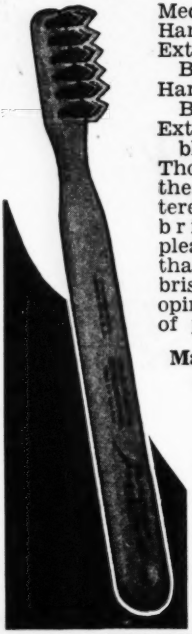

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☐ Hard Unbleached Black	
☐ Extra Hard Unbleached Black	

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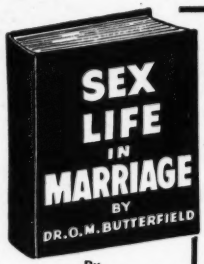

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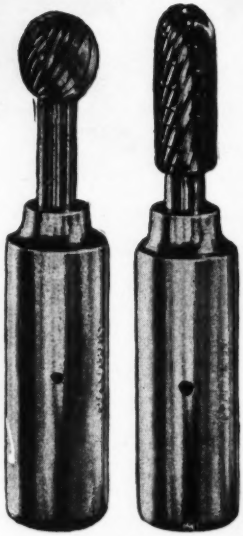

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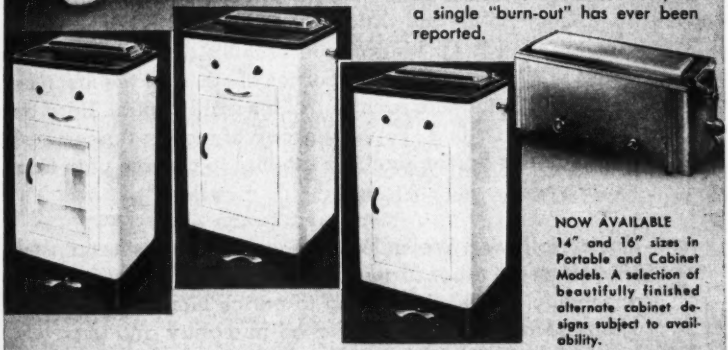

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Morton followed Wells. Wells discovered anesthesia. And Morton, using ether instead of nitrous oxide, improved the anesthetic. Accused of trying to enrich himself by his discovery, Morton actually enriched humanity and impoverished himself. He died — at forty-nine — a poor and disappointed man.

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Models poured into Lang Elastic Impressions are clean cut, extremely smooth, and ACCURATE.

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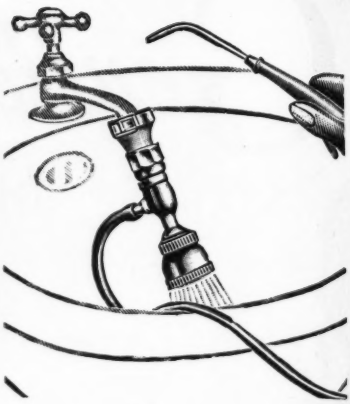

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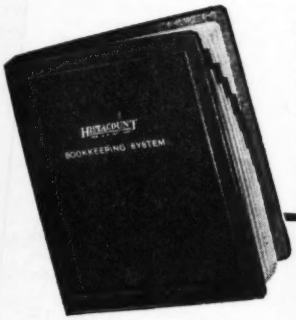

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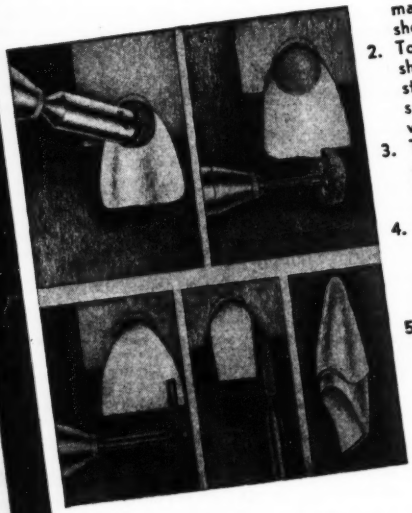
No. 2


177


188


135 L



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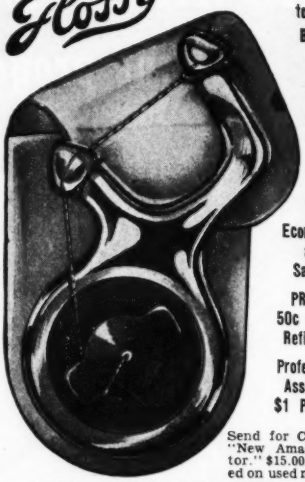

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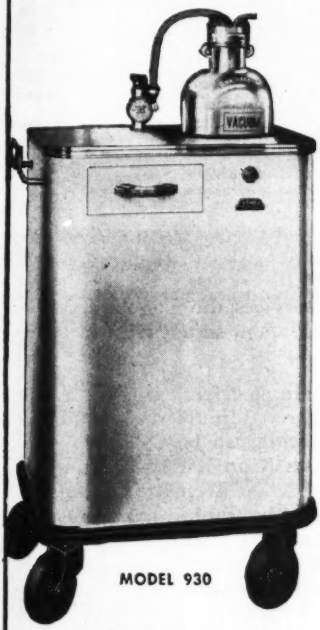

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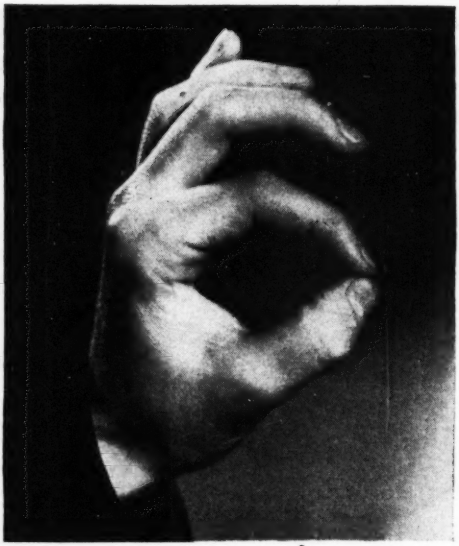

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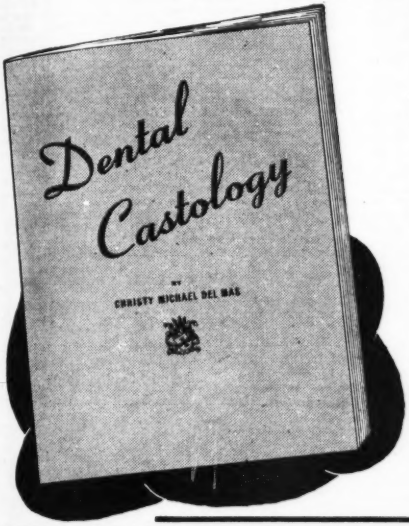

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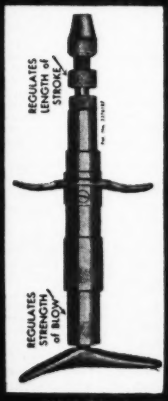

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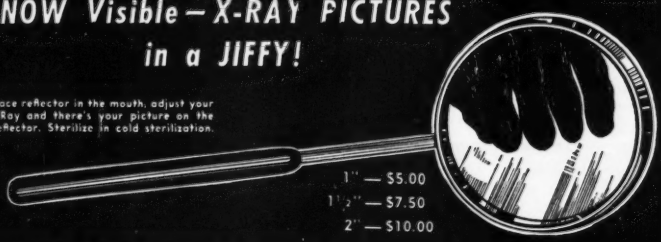

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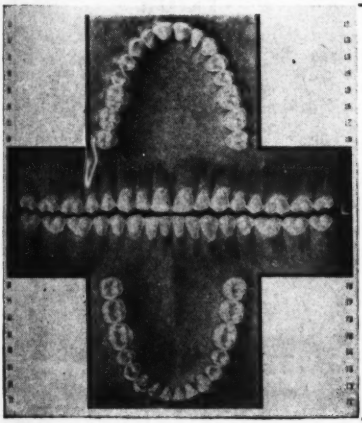

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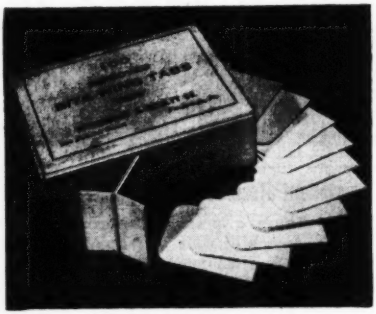

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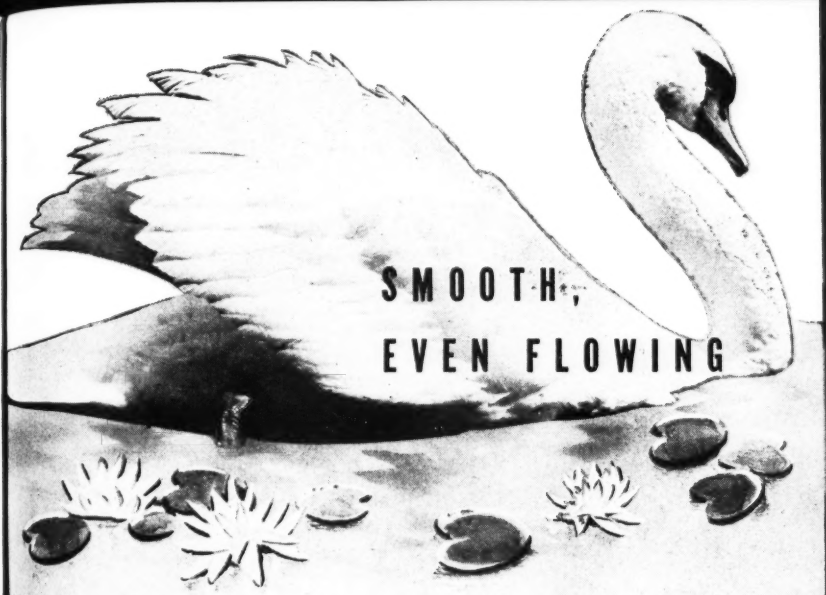

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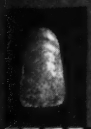

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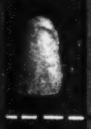

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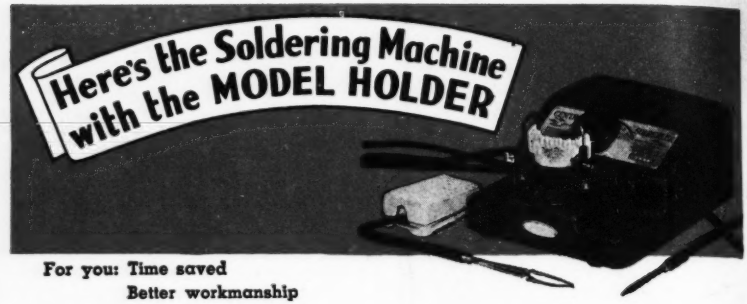

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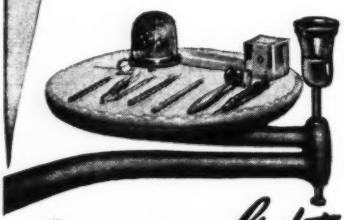

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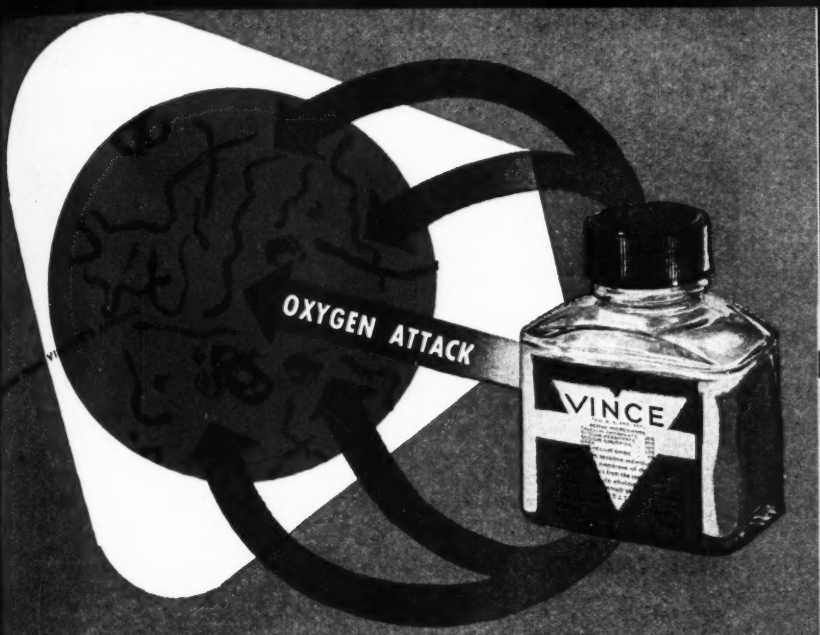

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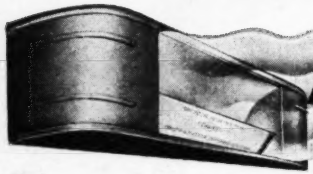

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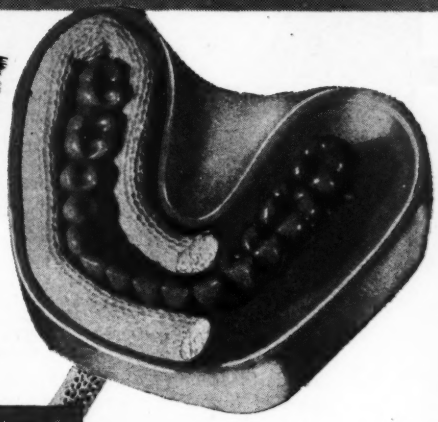

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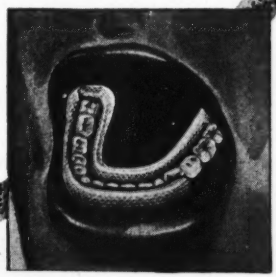
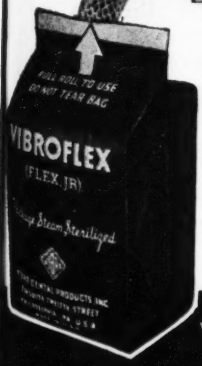


Pull the roll from the bag and cut as needed. The unused portion remains in the bag, protected from possible infection through handling.

EVERY BAG AFTER PACKAGING IS STEAMED AT 250° F. FOR 30 MINUTES.



- More convenient for the doctor, more comfortable for the patient.
- Gives more room in the mouth for the dentist to work.
- Reduces the possibility of spoiled fillings.
- Saves changing, saves time, and thus saves you money

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VIBRO DENTAL PRODUCTS, INC.

PHILADELPHIA 7, PA.

ACRALAIN

INSURES MAXIMU

ACRALAIN... *pioneer tooth-colored acrylic...*

Acralain—dentistry's pioneer tooth-colored acrylic—affords the perfect blending that makes your restorations a true rival of nature. For your convenience, *Acralain* is available in premixed shades to duplicate the shading systems of New Hue, Verichrome and Myerson teeth. It is also available in 12 Acralain shades and 6 basic shades, which provide a full range to harmonize with natural teeth.

Acralain is made by one of America's largest manufacturers of dental acrylics. We suggest that you order one of the economy-priced units described below.

Acralain Cabinet Package

Includes 12 cabinet size units of powder (one of each shade), 3 bottles of *Acralain* liquid, 2 bottles of *Acracote* (coating medium), 2 mixing jars, 2 droppers, description of controlled pressure casting technique, description of alternative split flask technique. Packed in beautiful wooden cabinet.

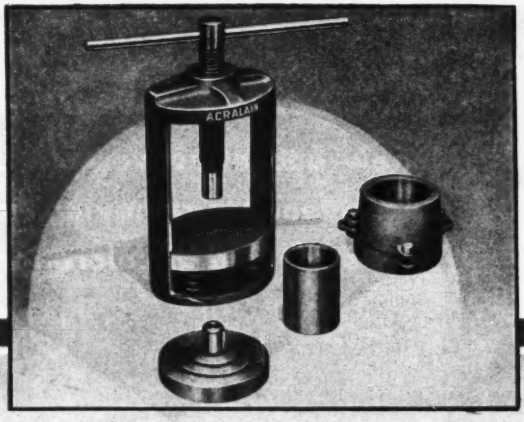
Price—complete—$38.50

Premixed Acralain Junior Kit

Premixed *Acralain* to match New Hue, Verichrome or Myerson Color Guides. Available in 5 assortments: 1. New Hue (12 shades); 2. Myerson (12 shades); 3. Verichrome (12 body shades); 4. Verichrome (12 incisal shades); 5 Verichrome (6 body shades; 6 incisal shades). Each assortment includes liquid, *Acracote* and 2 droppers.

Price of any assortment—$15.50

CCURACY



Acralain Complete Casting Outfit— $21.50

WITH THE CONTROLLED PRESSURE CASTING TECHNIQUE

With *Acralain's* special casting equipment and technique, *Acralain* restorations are cast under continuous controlled pressure. This method assures restorations that are harder, denser, less porous and fit more accurately than when the ordinary split flask method is used!

Our research department will be glad to send reprints of articles and clinical reports on the use of *Acralain* for inlays, crowns, bridges and other restorations, as well as detailed information on the advantages of *Acralain's* exclusive controlled pressure casting technique. Send your request to the address below.

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SAN-A-SOL

San-A-Sol is a new, sanitary solvent for removing scale and discoloration from sterilizers, cuspidors, stainless steel instruments, sinks—for cleaning mixing slabs and for many other office uses.

It is NOT an ordinary solvent in any sense of the word. San-A-Sol is entirely different in chemical formula; it does a thorough job of cleaning without becoming scalding hot . . . without any violent action.

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Slightly higher distant places from Chicago

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Scientifically compounded as a medium-hard alloy for accurate casting and durability in service.

Margins may be finely drawn and burnished without risk of breakage.

Has a deep rich gold color that takes a high polish.

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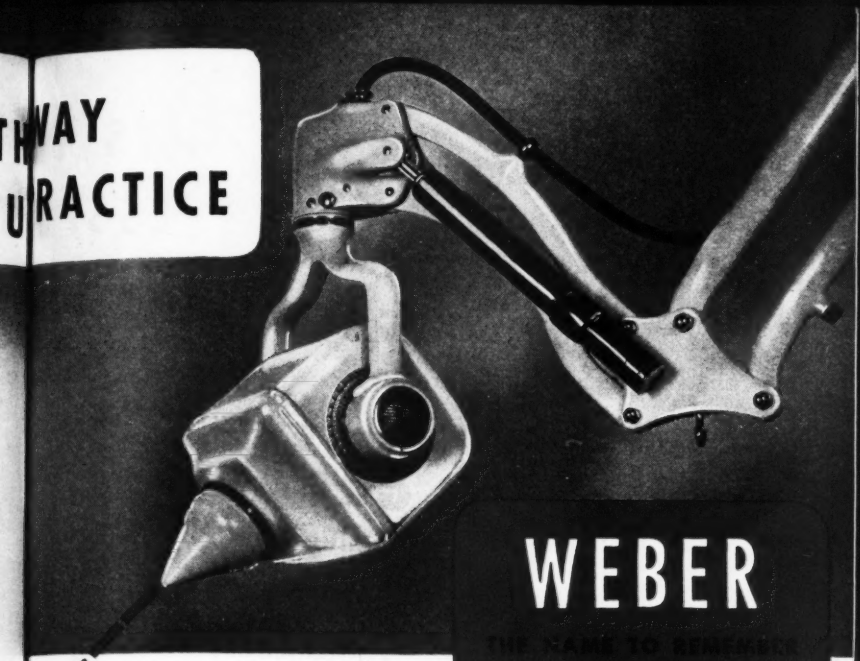

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6 Reasons Why WEBER RAYDEX MODEL "6" is a Better Investment:

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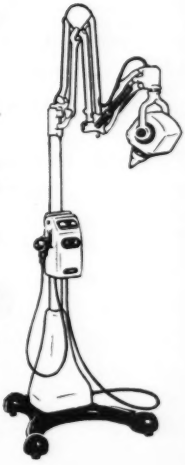

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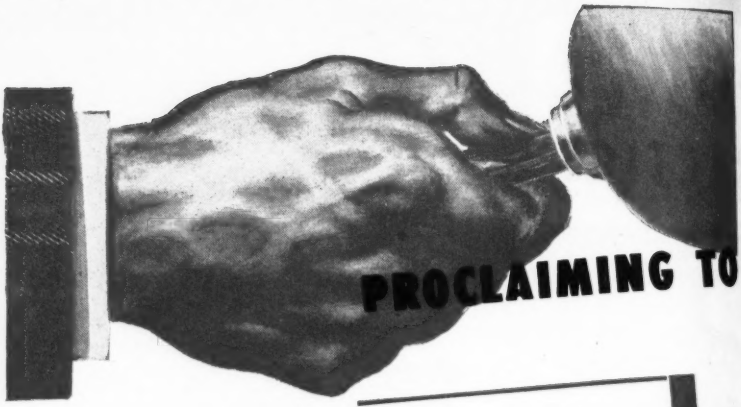
CANTON 5, OHIO



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lifelike naturalness
GREATER
translucency
GREATER
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TRADE MARK

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ACRYLIC RESIN DENTURE MATERIAL

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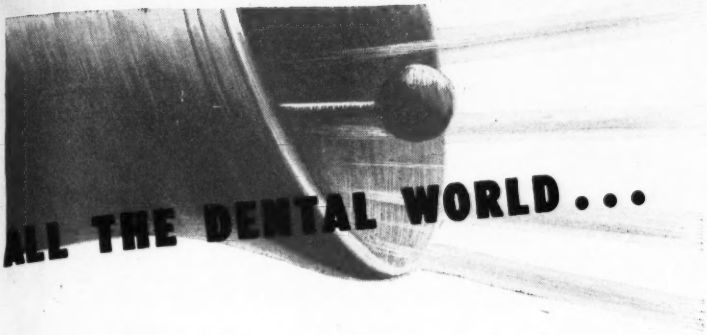


THIS year marks the seventh consecutive year of research toward achieving even greater naturalness, translucency and workability with *Lucitone*.

During this intensive study, as new facts were uncovered, they were translated into better physical properties or more efficient working procedures and passed on for the immediate benefit of *Lucitone* users.

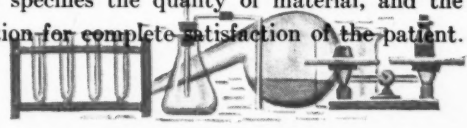
Now the time has come to tell precisely what these improvements are:

In appearance, today's *Lucitone* denture now attains a degree of lifelike naturalness more closely approaching the absolute limit of perfection than ever before possible.

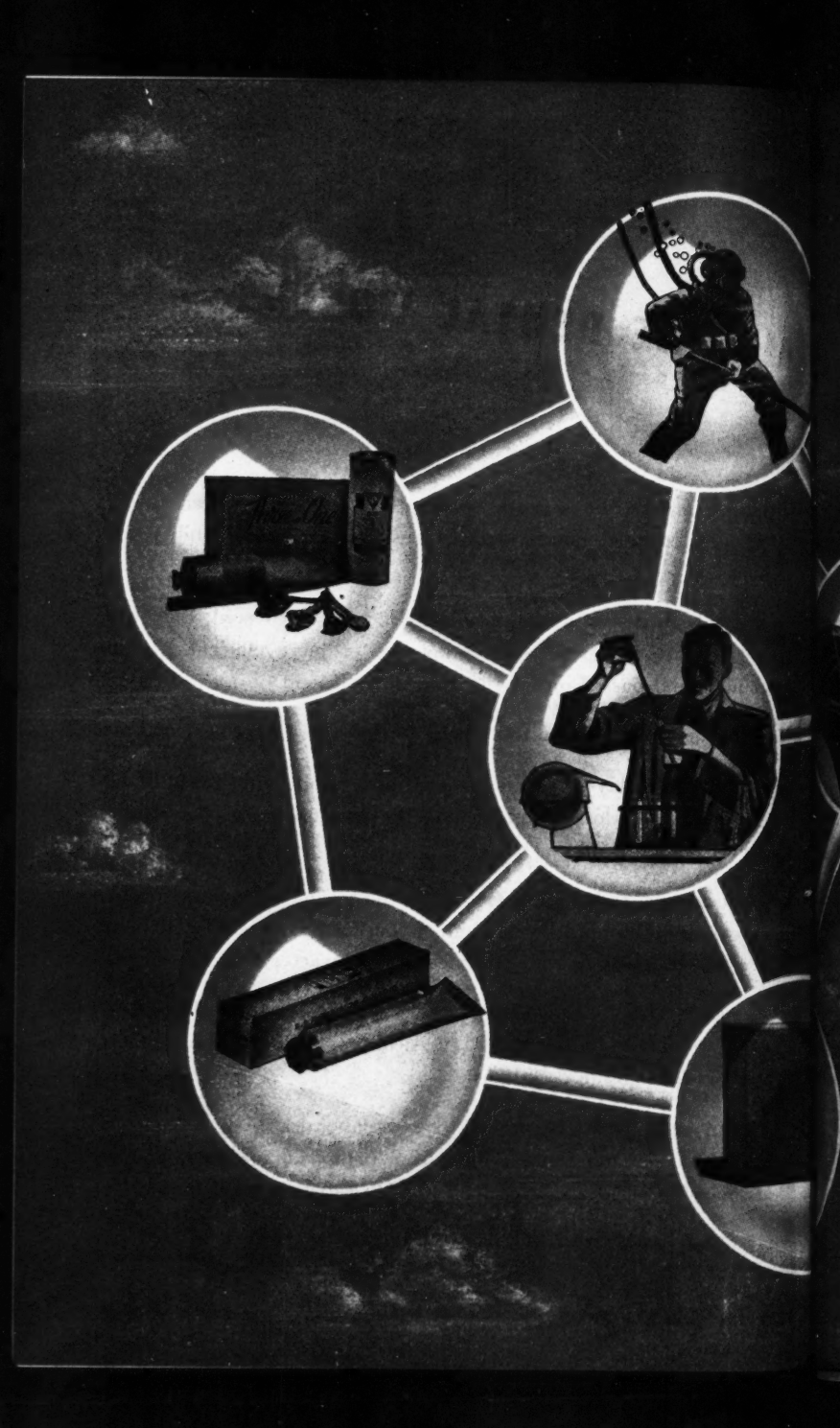
In manipulation, today's *Lucitone* gives the technician greater freedom from technic restraints, allowing him to concentrate all of his craftsmanship more efficiently in the construction of character dentures for you.

In durability, today's *Lucitone* maintains all the unquestioned excellence resulting from the vitally essential physical properties which have established its leadership in prosthesis.

Truly, in 1946, your instruction to your laboratory, "Use *Lucitone*," conveys a command that specifies the quality of material, and the craftsmanship of construction for complete satisfaction of the patient.



CALL ON *Caulk* MILFORD, DELAWARE



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D-P ELASTIC IMPRESSION CREAM

—or—

D-P THREE-IN-ONE CREAM

—or—

D-P IMPRESSION COLLOID

Use according to directions

THE RESULT will be an impression of micrometric accuracy.

THE REASON is that Dental Perfection Company, through research in its own marine laboratory, controls the manufacture of its impression materials all the way from the basic ingredient (algae) to the finished products. When you use D-P impression materials, you will immediately see why they have come to be so widely accepted.

DENTAL PERFECTION CO.

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Los Angeles 7, Calif.

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decay und
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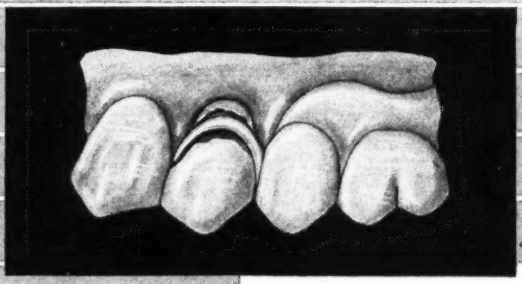

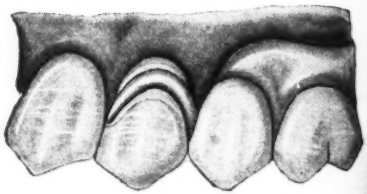

Abrasion, erosion and decay under clasps are frequently encountered in practice. These conditions require a restorative material with the following properties:

***a*—no galvanic action; *b*—no thermal conductivity; *c*—resistant to abrasion; *d*—esthetic appearance; *e*—must not contaminate clasp.**

Petralit meets all of these requirements. It is the ideal material to restore lost tooth structure under clasps and to prevent further disintegration.

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ASTRALIT *anterior silicate*

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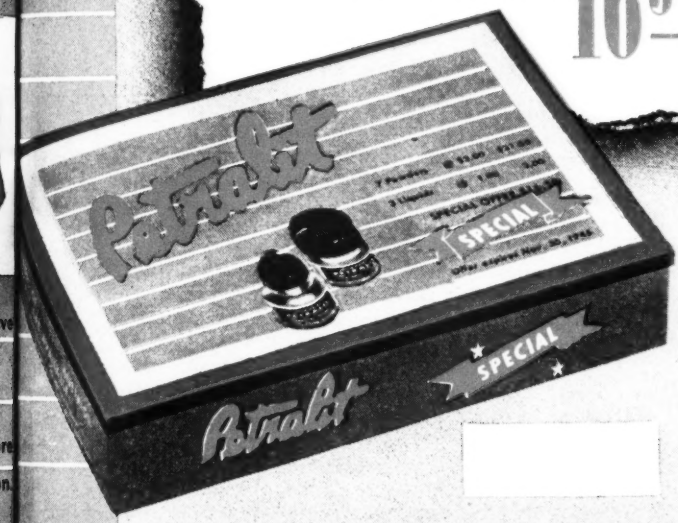
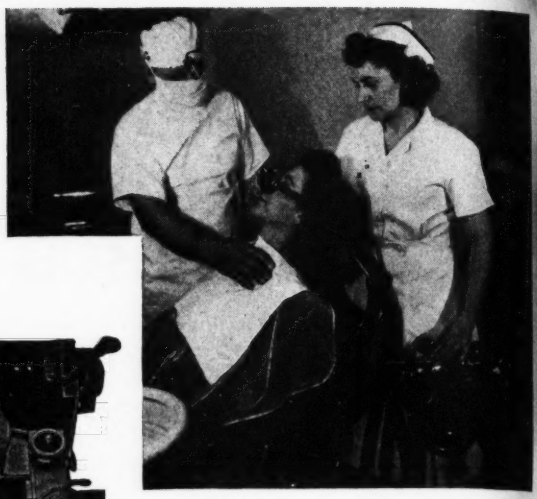
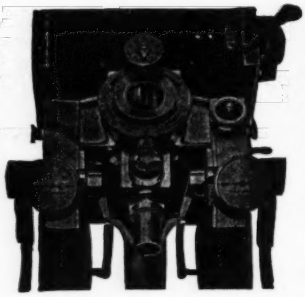
3 LIQUIDS	@ $1.00 . . .	3.00

SPECIAL: $16.50



OMPANY • PHILADELPHIA, PA.





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There are *five* reasons why operations are easier with the Nargraf:

1 *Quicker and Easier Anesthesia*—The Nargraf intermittent flow principle co-ordinates the flow of gas with the patient's respiration and assures a steady flow of gas with every inhalation.

2 *Greater Operating Efficiency*—The Nargraf automatically controls the flow of gas to the breathing rate, thus relieving the operator of the necessity of adjusting the flow to every change in the patient's respiration.

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4 *Prompt Reaction to Dosage Change*—With the Nargraf, a change in dosage reaches the patient almost instantly.

5 *For Anesthesia and Analgesia*—The Nargraf can be equipped with a patient-control bulb for analgesia.

Know the Nargraf, and the Nargraf will be your choice of a gas machine.

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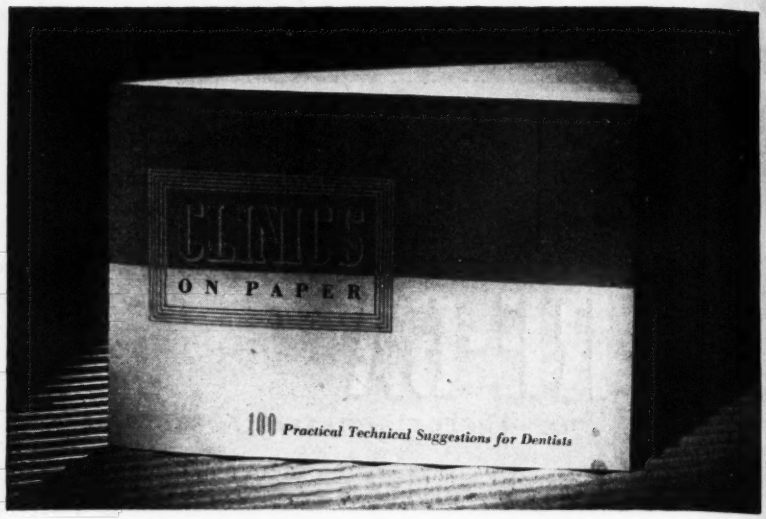

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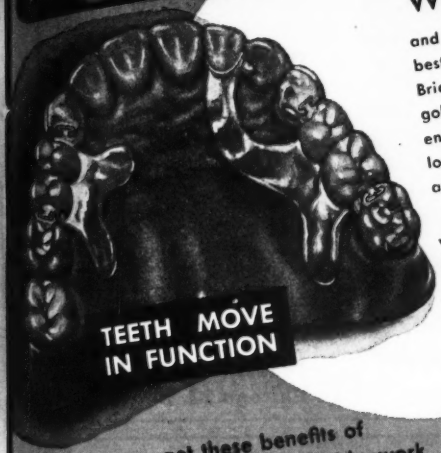

TEETH MOVE IN FUNCTION

WHERE a bridge or partial denture is indicated, anatomical, hygienic and esthetic requirements will be met best with Chayes Movable-Removable Bridgework. It eliminates the display of gold inevitable with clasps; prevents enamel abrasion; and avoids the critical loads on abutments present in fixed — and most clasp — bridges.

Chayes Movable-Removable Bridgework imposes no occlusal loads on the abutment teeth, as the bridge is tissue bearing. Movable vertically under pressure, it stimulates supporting tissue, greatly reducing resorption. Abutment teeth merely hold the bridge in place and are free to "move in function."

And to get these benefits of Chayes Movable-Removable Bridgework

ALSO SPECIFY CHAYES PRECISION ATTACHMENTS

FOR UPPERS

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READILY OBTAINABLE

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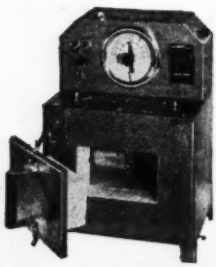

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WHO'S WHO AND WHERE

ADVERTISING INDEX

Although we aim for accuracy in this index, last-minute changes often alter page numbers and positions.

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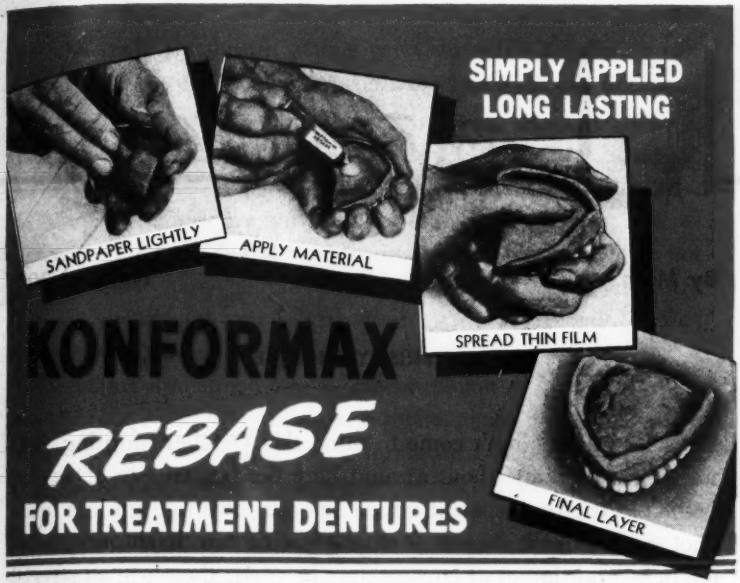

TODAY, KONFORMAX REBASE is the outstanding material for treatment dentures, whether Acrylic, Vulcanite or Metal base!

Patients appreciate (1) the inoffensive, soothing, antiseptic action, (2) the cushion-like comfort, (3) the feeling of snugness and security . . . provided by Konformax Rebase.

Dentists appreciate (1) the simple application of easy flowing, slow setting Konformax Rebase, (2) that it lasts in a denture from 3 to 6 months and can be added to at any time, (3) that it positively will eliminate all guesswork . . . in reprocessing dentures.

Konformax Rebase will cause no adverse effects such as softening or discoloration of dentures.

At end of treatment period, a denture can be permanently reprocessed by using the Konformax Rebase lining as the impression.

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The Publisher's Corner

By Mass **Number 305**

NO FRISKY PHRASES

FRISKY PHRASES don't come to mind this October morning. All we've been talking about around here the last couple of weeks is the electric-power strike which has our town tied up in a neat knot. Soon after it started, it stopped being fun. Right now, only the barest minimum of current may be used; there are no streetcars; and just to make everything ducky, the hotel people went on strike too a couple of days ago.

Here at ORAL HYGIENE, so far as the office itself is concerned, we haven't had too much trouble. Mary is able to run the elevator for us a few times a day; autumn sunshine lights up the place, with occasional murky moments; shorthand substitutes for Dictaphones; it will be a couple of weeks before the addressing machines must start rolling on this issue's wrappers. But it's no fun for the ORAL HYGIENE girls and boys who have to try to get to work from all points of the Pittsburgh compass—which makes it impossible for those with cars to pick up all the others. So feet are flat; thumbs are weary. It all makes you realize how dependent upon electricity we have become: streetcars, elevators, office machines, refrigerators, aren't the half of it.

Our friends the Pittsburgh dentists obviously have their own special trials and tribulations. Around town, dentistry is pretty much at a standstill. Readers of this magazine don't need to be